## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000081367

PAAUW, SCOTT

MIAMI, FL 33178

5763 NW 99TH AVENUE

Name:

Address: City-St-Zip:

Entity Name: WORLDSTUFF.COM, INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5763 NW 99TH AVENUE 8095 NW 12TH STREET MIAMI, FL 33178 SUITE 110 MIAMI, FL 33126 **Current Mailing Address: New Mailing Address:** 5763 NW 99TH AVENUE 8095 NW 12TH STREET MIAMI, FL 33178 SUITE 110 MIAMI, FL 33126 FEI Number: 65-1036653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMOLER, BRUCE J SMOLER, BRUCE J 100 SE 2ND STREET SUITE 2620 100 SE 2ND STREET SUITE 2620 MIAMI, FL 33178 MIAMI, FL 33131 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 04/29/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition HERWOOD, GARY Name: Name: 5763 NW 99TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: Title: Title: () Change () Addition () Delete HERWOOD, BRIAN Name: Name: 5763 NW 99TH AVENUE Address: Address: MIAMI, FL 33178 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GARY HERWOOD PRES 04/29/2002