


# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91591 028 \*\*\*150.00

DOCUMENT **PO000000899 68**  
 1. Entity Name **WWW IFS INC.**

Principal Place of Business		Mailing Address	
2. Principal Place of Business <b>1001, N. FEDERAL HWY</b> Suite, Apt. #, etc. <b>STE 317</b> City & State <b>HALLANDALE FL.</b> Zip <b>33009</b> Country <b>USA</b>		3. Mailing Address <b>1001, N. FEDERAL HWY</b> Suite, Apt. #, etc. <b>STE 317</b> City & State <b>HALLANDALE, FL.</b> Zip <b>33009</b> Country <b>USA</b>	

**552072**  
  
 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>LEDUC, REJEAN</b> <b>1001 N FEDERAL HWY, STE 205</b> <b>HALLANDALE FL 33009</b>		7. Name and Address of New Registered Agent Name <b>LEDUC, REJEAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1001, N. FEDERAL HWY, STE 202</b> City <b>HALLANDALE</b> FL Zip Code <b>33009</b>	
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8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE <b>WATIER, RICHARD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WATIER, RICHARD</b>		NAME	
STREET ADDRESS <b>3619, N.E. 207th ST. #2201</b>		STREET ADDRESS	
CITY-ST-ZIP <b>AVENTURA FL 33180</b>		CITY-ST-ZIP	
TITLE <b>SECRETARY/TREASURER</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHAMPAGNE, ALAIN</b>		NAME	
STREET ADDRESS <b>11680, 1st AVENUE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ST-GEORGES-QUEBEC</b>		CITY-ST-ZIP	
TITLE <b>CANADA 654 208</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

3. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WATIER, R. WATIER** PRESIDENT 4/26/01 954-455-9158

CR2E034 (10/00)