

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090540

1. Entity Name

WORLDWIDE FOREX, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90109 017 ***150.00

Principal Place of Business

40 S.E. 10TH STREET
DEERFIELD BEACH FL 33441

Mailing Address

40 S.E. 10TH STREET
DEERFIELD BEACH FL 33441

2. Principal Place of Business

225 N.E. Mizner Blvd

3. Mailing Address

225 N.E. Mizner Blvd

Suite, Apt. #, etc.

300 Suite

Suite, Apt. #, etc.

300 Suite

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

Zip

33432

Country

4. FEI Number

65-1042014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAHN, PHILLIP D
40 S.E. 10TH STREET
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name Frank A Luceri P.A.

Street Address (P.O. Box Number is Not Acceptable)

225 N.E. Mizner Blvd Suite 300
City Boca Raton FL Zip Code 33432

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Registered Agent

4/23/01

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

TITLE PD
NAME KAHN, PHILLIP D
STREET ADDRESS 40 S.E. 10TH STREET
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01 (954) 812-6518

CR2E034 (10/00)

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