

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90077 025 \*\*\*163.75

**DOCUMENT # P00000092342**

**1. Entity Name**  
**WORLDWIDE BUILDING PRODUCTS CORP.**



**Principal Place of Business**  
**26001 SW 183 COURT**  
**HOMESTEAD FL 33031**

**Mailing Address**  
**30370 OLD DIXIE HWY**  
**#195**  
**HOMESTEAD FL 33033**

**2. Principal Place of Business**

**3. Mailing Address**

**815 N. Homestead Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 432**

City & State

City & State

**Homestead, FL**

**4. FEI Number**

**65-1087618**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33030**

**USA**

**5. Certificate of Status Desired**

☒

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LUPINO, JAMES S**  
**90130 OLD HIGHWAY**  
**TAVERNIER FL 33070**

Name

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

City

**FL**

Zip Code

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☒

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **BARNES, JEFF**  
STREET ADDRESS **26001 SW 183 COURT**  
CITY-ST-ZIP **HOMESTEAD FL 33031**

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

TITLE **VPS** ☐ Delete  
NAME **DELALETTE, LUIS**  
STREET ADDRESS **4715 NE MIAMI COURT**  
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Jeff Barnes*  
**JEFF BARNES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 12, 2003**

Date

**305-245-3651**

Daytime Phone #

CR2E034 (10/02)