

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108841

1. Entity Name

WORLDWIDE INVESTMENT & COMPANY, INC.

FILED

Jun 04, 2001 8:00 am  
Secretary of State

06-04-2001 90017 025 \*\*\*150.00

Principal Place of Business  
5620 S.W. 90TH WAY  
SUITE #2  
COOPER CITY FL 33328

Mailing Address  
5620 S.W. 90TH WAY  
SUITE #2  
COOPER CITY FL 33328

00057426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
DBA - Summit & Congress  
Suite, Apt. #, etc.  
674 S. Congress Ave  
City & State  
W. Palm Beach, FL  
Zip  
33406  
Country  
USA

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number  
65-1055706  
Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KOSKEY, RICHARD C  
310 S. UNIVERSITY DRIVE  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
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.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOT) 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!** 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	D	<input type="checkbox"/> Delete
NAME	SIMON, MATHEW	
STREET ADDRESS	5620 S.W. 90TH WAY	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANJOOKARAN, THANKACHAN	
STREET ADDRESS	5620 S.W. 90TH WAY	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAREDAN, JOSMAN	
STREET ADDRESS	5620 S.W. 90TH WAY	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLAPPALLIL, JOSEPH	
STREET ADDRESS	5620 S.W. 90TH WAY	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLAPPALLIL, JOSEPH	
STREET ADDRESS	2695 BRIARWOOD LN	
CITY-ST-ZIP	GLENNVIEW, IL 60025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 no 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: *Matthew Simon* MATHEW SIMON 5-31-01 561-616-9783 (Cell) 561-001-3784 (Cell)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)