

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000026728
 1. Entity Name
WORLDWIDE MARKETS, INC.

DO NOT WRITE IN THIS SPACE

B0068553

2. Principal Place of Business <u>6538 Collins Ave</u>		3. Mailing Address <u>6538 Collins Ave</u>	
Suite, Apt. #, etc. <u># 397</u>		Suite, Apt. #, etc. <u># 397</u>	
City & State <u>Miami Beach FL</u>		City & State <u>Miami Beach FL</u>	
Zip <u>33141</u>	Country	Zip <u>33141</u>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1091327</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <u>MAXIMILIANO T MIRAGLIA</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4538 COLLINS AVE.</u>	
# <u>397</u>	
City <u>Miami Beach</u>	FL Zip Code <u>33141</u>

8. The above named entity submits this statement for the purpose of organizing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE [Signature] DATE _____
Signature, typed or printed name of registered agent and title if applicable Signature of Agent, signature required when reinstating

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PSO MAXIMILIANO MIRAGLIA 6538 COLLINS AVE # 397 MB, FL 33141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 on an attachment with an address, with another like empowered.
 SIGNATURE: [Signature] Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)