

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90126 018 ***150.00

DOCUMENT # P01000046645

1. Entity Name

WORLDWIDE DOMINATION CORPORATION

Principal Place of Business

**1390 BRICKELL AVENUE SUITE 200
 MIAMI FL 33131**

Mailing Address

**1390 BRICKELL AVENUE SUITE 200
 MIAMI FL 33131**

2. Principal Place of Business

5200 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 830

City & State

Miam, Florida

Zip

33131

Country

USA

3. Mailing Address

5200 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 830

City & State

Miami, Florida

Zip

33131

Country

USA

4. FEI Number

65-1102036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CASTILLO B., ALVARO

1390 BRICKELL AVENUE SUITE 200

MIAMI FL 33131

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-02

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, 2002 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** ☐ Delete
 NAME **MASCARDI, ALEJANDRO**
 STREET ADDRESS **1390 BRICKELL AVENUE SUITE 200**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Alejandro Mascardi**
 STREET ADDRESS **5200 Blue Lagoon Drive, Suite 830**
 CITY-ST-ZIP **Miami, Florida 33126**

TITLE **D** ☐ Change ☒ Addition
 NAME **Gustavo Mascardi**
 STREET ADDRESS **5200 Blue Lagoon Drive, Suite 830**
 CITY-ST-ZIP **Miami, Florida 33126**

TITLE **D/P** ☐ Change ☒ Addition
 NAME **Daniel navarro**
 STREET ADDRESS **5200 Blue Lagoon Drive, Suite 830**
 CITY-ST-ZIP **Miami, Florida 33126**

TITLE **S** ☐ Change ☒ Addition
 NAME **Earle Miller**
 STREET ADDRESS **5200 Blue Lagoon Drive, Suite 830**
 CITY-ST-ZIP **Miami, Florida 33126**

TITLE **T** ☐ Change ☒ Addition
 NAME **Sandra Mascardi**
 STREET ADDRESS **5200 Blue Lagoon Drive, Suite 830**
 CITY-ST-ZIP **Miami, Florida 33126**

TITLE ☐ Change ☐ 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 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

DANIEL NAVARRO - PRESIDENT

04.25.02

Date

305.262.3330

Daytime Phone #

CR2E034 (9/01)