

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90360 004 ***158.75

DOCUMENT # *P01000054634*

1. Entity Name
WorldWide Equipment Suppliers, Inc

Principal Place of Business **Mailing Address**
1701 NW 87 WAY
PEMBROKE PINES, FL. 33024

2. Principal Place of Business **3. Mailing Address**
1701 NW 87th WAY
 State, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Pembroke Pines, FL.
 Zip Country Zip Country
33024

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
65-1110821 ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
Rubi FERNANDEZ
1701 NW 87th WAY
PEMBROKE PINES, FL. 33024
 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]* **DATE** *3/15/02*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/D</i> <i>RICHARD CABRET</i> <i>1701 NW 87th WAY</i> <i>PEMBROKE PINES, FL. 33024</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/D</i> <i>RICHARD CABRET</i> <i>1701 NW 87th WAY</i> <i>PEMBROKE PINES, FL. 33024</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S/T</i> <i>RUBI FERNANDEZ</i> <i>1701 NW 87th WAY</i> <i>PEMBROKE PINES, FL. 33024</i>	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)(f), 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: *Richard Cabret* **DATE:** *3/15/02*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR