FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Jan 14, 2003 8:00 am Secretary of State P01000063316 **DOCUMENT #** 1. Entity Name 01-14-2003 90069 006 \*\*\*150.00 WORLD WIDE TRADE CORP. Principal Place of Business Mailing Address 10908 NW 67TH STREET 10908 NW 67TH STREET MIAMI FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1120476 Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARVESU, MANUEL M ESQ 201 ALHAMBRA CIRCLE SUITE 502 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 City Zip Code 8. The above named tatement 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 SIGNATURE ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ECHEVERRI, DARIO CR2E034 (10/02) ☐ Change Addition NAME 10908 NW 67TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information red and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the inform indicated on this report or set of the corporation or the rece changed, or on an attactmen

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #