

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90279 037 \*\*\*150.00

**DOCUMENT # P01000067934**

1. Entity Name

**WORLDWIDE EXIM TRADING CORP.**



Principal Place of Business

**672 STARSTONE DR  
LAKE MARY FL 32746**

Mailing Address

**672 STARSTONE DR  
LAKE MARY FL 32746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**456 EIGIN BLVD**

Suite, Apt. #, etc.

**456 EIGIN BLVD**

City & State

**DAVENPORT FL**

City & State

**DAVENPORT FL**

Zip

**33897**

Country

Zip

**33897**

Country

4. FEI Number

**59-3729685**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SOLIS, SAMUEL  
672 STARSTONE DR  
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name

**JOSE O. SANCHEZ**

Street Address (P.O. Box Number is Not Acceptable)

**456 EIGIN BLVD**

City

**DAVENPORT**

**FL**

Zip Code

**33897**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jose O. Sanchez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-11-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SOLIS, SAMUEL	
STREET ADDRESS	672 STARSTONE DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SANCHEZ, JOSE O	
STREET ADDRESS	5210 CLUBSIDE DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SOLIS, JUAN	
STREET ADDRESS	672 STARSTONE DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DAGER, RAFAEL	
STREET ADDRESS	875 GRAND REGENCY POINTE, #102	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SANCHEZ, CARLOS	
STREET ADDRESS	1921 NICOLE LEE CIR, #1114	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	AYALA, DAVID	
STREET ADDRESS	2730 SANGER DR	
CITY-ST-ZIP	DELTONA FL 32738	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ JOSE O	
STREET ADDRESS	456 EIGIN BLVD	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	DN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ CARLOS	
STREET ADDRESS	1921 NICOLE LEE CIR #1114	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ JOSE O	
STREET ADDRESS	456 EIGIN BLVD	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ JOSE O	
STREET ADDRESS	456 EIGIN BLVD	
CITY-ST-ZIP	DAVENPORT FL 33897	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jose O. Sanchez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**04/11/03**

Daytime Phone #

**407-592-6731**

CR2E034 (10/02)