

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086223

1. Entity Name  
WORLDWIDE EQUIPMENT EXPORTS, INC.

FILED

02 SEP 18 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
934 N UNIVERSITY DR. STE 122  
CORAL SPRINGS FL 33071

Mailing Address  
934 N UNIVERSITY DR. STE 122  
CORAL SPRINGS FL 33071

2. Principal Place of Business

934 N. UNIVERSITY DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 122

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Zip

33071

Country

USA

Zip

Country

4. FEI Number

Applied For

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

BOGDAN, MATTHEW  
12422 CLASSIC DR  
CORAL SPRINGS FL 33071

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

SIGNATURE

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

D  
BOGDAN, MATTHEW  
12422 CLASSIC DR  
CORAL SPRINGS FL 33071

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

BOGDAN, MATTHEW  
12716 NW 80TH CT  
CORAL SPRINGS, FL 33071

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100007847431--8  
-09/19/02--01043--013  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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: Matthew Bogdan

9/2/02 (954-520-5407)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

FLORIDA - DIVISIONS OF CORPORATIONS  
P.O. Box 1500  
TALLAHASSEE, FL 32302-1500

Attachment

PO1000086223  
9/9/02

Dear Sirs/Madam:

I AM SUBMITTING TO YOUR DEPARTMENT A REQUEST TO WAIVE LATE PENALTIES FOR THE ANNUAL FILING OF MY CORPORATION. AS THIS IS MY FIRST FILING UNDER MY NEWLY ESTABLISHED CORPORATION IN FLORIDA, I WAS UNDER THE IMPRESSION THAT THIS FILING HAD ALREADY BEEN COMPLETED AND PAID, BY MY ACCOUNTANT. I HAVE ATTACHED AN INVOICE FROM MY ACCOUNTANT, BUSINESS VALUATION SYSTEMS, WHICH INDICATES BILLING FOR THE FILING OF FORM F-1120 FOR FLORIDA INCOME TAX. I WAS UNDER THE IMPRESSION THAT I HAD COMPLETED MY OBLIGATION TO THE STATE AND WAS UNWARE OF ANY OTHER FORMS OR FILINGS.

AS A SINGLE PARENT OF (2) GRADE SCHOOL GIRLS AND A CORPORATION WITH ONE EMPLOYEE, MYSELF, MY ABILITY TO COVER AND ATTEND TO ALL ISSUES INCLUDING THIS FILING IS LIMITED. I AGAIN SUBMIT TO YOU A REQUEST TO WAIVE LATE PENALTIES AND ACCEPT THE ATTACHED CHECK OF \$150 AS PAYMENT IN FULL.

BEST REGARDS,

(954-520-5407)

Matthew Borden