FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91352 004 ***150.00

669598

DOCUMENT # P01000093262.

1. Entity Name

WORLDWIDE ART, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
401 BISCAYNE BLVD.	5190 NW 167TH ST.
Suite, Apt. #, etc. #5136	Suite, Apt. #, etc. #113
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33132 Country DADE	Zip 33014 Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 69-0005413 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOSEPH SHOMAR.

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

5190 NW 167TH ST. #113.

City MIAMI FL Zip Code 33014.

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] 4/30/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P.S.T
NAME	ANR FEIALA.
STREET ADDRESS	401 BISCAYNE BLVD #5136
CITY-ST-ZIP	MIAMI, FL. 33132.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #