

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90772 037 ***150.00

DOCUMENT # PO10000097351 ✓

1. Entity Name

WorldWide Solutions Group inc

DO NOT WRITE IN THIS SPACE

641614

2. Principal Place of Business

7631 NW 59 WAY

3. Mailing Address

Suite, Apt. #, etc. SAME

City & State Parkland Florida

City & State

4. FEI Number

651147445

Applied For

Not Applicable

Zip 33067

Country USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Pierre Alex Cdos

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

7631 NW 59 WAY

City Parkland

FL

Zip Code 33067

**DO NOT WRITE
IN THIS SPACE**

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, 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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Pierre Alex Cdos</u> <u>7631 NW 59 WAY PARKLAND, FL 33067</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President</u> <u>Rousand ST CYR</u> <u>7631 NW 59 WAY PARKLAND, FL 33067</u>
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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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)