2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000003167

Entity Name

WORLDWIDE BUSINESS CONCEPTS, INC.



FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90053 004 ***150.00

				WE THE			
Principal Place of Business 2174 QUAIL ROOST DRIVE WESTON FL 33327 2. Principal Place of Business		Mailing Address 2174 QUAIL ROOST DRIVE WESTON FL 33327		1 100 11		**! 	B Billet Jaar 1801
		3. Mailing Address					
Suite-Apt#-eto:		Suite, Apt. #, etc.			CHECK HERE IF MAKIN	G CHANGE	S
City & State		City & State	······································	4. FEI Number		1 	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Ac	dditional
6.	Name and Address of Current I	legistered Agent	<u> </u>	7. Name and	Address of New Registered		eu
SPIEGEL & UTRI	FRA. P.A.		Name			- rigorit	
1840 SW 22ND	•	Street Addres		ddress (P.O. Box Numbe	er is Not Acceptable)	**	
4TH FLOOR				-		<u> </u>	
MIAMI FL 33145				City Zip Code			
SIGNATURE	entity submits this statement for registered agent.			ure required when reinstating)	DATE		
After May 1 Make Check Payat	OW!!! FEE IS \$150.00 , 2003 Fee will be \$550.00 ple to Florida Department of	1			ction Campaign Financing st Fund Contribution.		00 Mãy Be d to Fees
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
STREET ADDRESS 2174 ((, THOMAS J III DUAIL ROOST DRIVE ON FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		74	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE		☐ Delete	TITLE			☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 the compowered.

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

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SIGNATURE:

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SIGNATURED

☐ Delete

☐ Delete

1/6/03

954-578-7974

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Change

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