

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90161 032 ***150.00

0349239 AV

DOCUMENT # P02000045668

1. Entity Name

**WONDERFUL WORLD OF PRODUCTS GENERAL MERCHANDISE
S AND WHOLESALERS, INC.**



Principal Place of Business

601 NW 42 AVENUE, A514
PLANTATION FL 33317

Mailing Address

601 NW 42 AVENUE, A514
PLANTATION FL 33317

2. Principal Place of Business

410 SW 74 Ave

3. Mailing Address

410 SW 74 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NORTH LAUDERDALE FL 33068

City & State

FL

City & State

North Lauderdale, FL

Zip

Country

US

Zip

33068

Country

U.S.

4. FEI Number

04-3644551

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JEAN, LUC

601 NW 42 AVENUE, A514
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

Jean, Luc Jean

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

410 SW 74 Ave

City

North Lauderdale

FL

Zip Code

33068

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input type="checkbox"/> Delete
NAME	JEAN, LUC	
STREET ADDRESS	601 NW 42 AVENUE, A514	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	JULMUS, PIERRE LARSEN	
STREET ADDRESS	853 NE 80 ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIBRIS, ACNER	
STREET ADDRESS	8221 SW 9 PLACE	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIBRIS, PERICLES	
STREET ADDRESS	8221 SW 9 PLACE	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARLES, RESSILIEN P	
STREET ADDRESS	1441 NW 20 CT #B	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIBRIS, ROCHENEL	
STREET ADDRESS	8221 SW 9 PLACE	
CITY-ST-ZIP	N LAUDERDALE FL 33068	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean, Luc	
STREET ADDRESS	410 SW 74 Ave	
CITY-ST-ZIP	North Lauderdale, FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-03

Date Daytime Phone #

CR2E034 (10/02)