2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P92000003173 1. Entity Name WORLDWISE EQUITIES, INC.



09-02-2003 90191 012 ***150.00

WORLDWISE EQUITIES, INC.					03 02 2003 30131	13		
Principal Place of Business 2459 DOVETRAIL CT MANASQUAN NJ 08736 US		Mailing Address 2459 DOVETRAIL CT. MANASQUIN NJ 08736 US						
	Place of Business DoveTAL CT #. etc.	3. Mailing Address V159 DOV Suite, Apt. #, etc.	ETAR C	''•••''	891 11 9 19112 11411 23 141 88 111 58 211 48 1	OI BE 300 (4)01 11011	 	
	·				CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State		4. FEI Numb	er 65-0365 190	5-0365 190 Applied For Not Applicable		
Zip Country		Zip	p Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and	7. Name and Address of New Registered Agent			
			Name					
EISENSTI 5077 ALF	ein, Sharon L Bred dr	,	Street Ad	er is Not Acceptable)				
	ALM BEACH FL 33417							
	A Ags		City		F	L Zip Cod	e	
After Co	FILE NOW!!! FEE IS \$550.00 Aptember 10, 2003. Fee will be \$750 k Payable to Florida Department of	100.	E: Registered Agent signatu		DATE ection Campaign Financing ust Fund Contribution.	\$5.0	O May Be	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFICERS AN	ND DIRECTOR:	5 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS EISENSTEIN, SHARON L 2459 DOVETRAIL CT MANASQUAN NJ 08736	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		OVETAIL CT	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WALKER, FREDRIC S 2459 DOVETRAIL CT MANASQUAN NJ 08736	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DO	NETAIL CT.	Change	☐ Addition	
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(134) 443-0666

Attachment# 80142939 P920000373

FROM THE

DESK OF FREDRIC S. WALKER, CPA

8/1003 DIVISION OF CONFORTING Unitona Business REPORT FILMES P. O. BOX 6347 TALLAHASSER FL 32314 ATTA: ANNA RA: WORLDWISE EQUITIENT + P9 V 00 00 0 3 173 EIN+ 65-0365150 DEAN ANNA PLEASE ACCEPT our CHECK For 1500 in tell Payment or 2003 For Vast. T Contourier unitona Busines Affort (USR). I Am Reuresting THAT YOU ACCEPT THIS CHECK AS I DID NOT RECEIVE THE FIRST NOTALICATION OF PAYMENT PROVEST Morten Dreck mber 2001. That you ...
Reorder item #P9143, Printed in U.S.A. Vary Truby yours / Mer