

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90370 047 ***150.00

013/490 AV

DOCUMENT # P93000045576

1. Entity Name
WASHINGTON WORLD TRADING CORP.

Principal Place of Business 1380 GOLFVIEW DRIVE EAST PEMBROKE PINES FL 33026 US	Mailing Address 1380 GOLFVIEW DRIVE EAST PEMBROKE PINES FL 33026 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOVOA, LAURO
 13080 GOLFVIEW DRIVE EAST
 PEMBROKE PINES FL 33026**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	T RODRIGUEZ, MARIA V	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10411 NW 28TH ST C-103 MIAMI FL 33172	
TITLE NAME	PD NOVOA, LUCIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10411 NNW 28TH ST C-103 MIAMI FL 33172	
TITLE NAME	VP NOVOA, LAURO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10411 NW 28TH ST C-103 MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	T RODRIGUEZ, MARIA V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	5100 W. 12 LANE HIALEAH, FLORIDA 33012	
TITLE NAME	PD NOVOA, LUCIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	410 JEFFERSON DR. APT.# 201 DEERFIELD, BEACH, FL 33442	
TITLE NAME	VP LAURO W. NOVOA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1380 GOLFVIEW DR. EAST PEMBROKE PINES, FL 33026	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lauro W. Novoa* **LAURO W. NOVOA VP** APRIL 22/02 (305) 887 6360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)