

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90010 018 \*\*\*150.00

**DOCUMENT # P94000001086**

1. Entity Name

**WORLD WIDE SALES & MARKETING, INC.**

Principal Place of Business

~~1940 HARRISON STREET STE 300~~  
~~HOLLYWOOD FL 33020~~

9960 NW 116way #9  
 medley FL 33178

Mailing Address

~~1940 HARRISON STREET STE 300~~  
~~HOLLYWOOD FL 33020-5073~~

9960 NW 116way #9  
 medley FL 33178

2. Principal Place of Business

9960 NW 116way

Suite, Apt. #, etc.

Suite 9

City & State

medley Florida

Zip

33178

Country

USA

3. Mailing Address

300 SW Second Street

Suite, Apt. #, etc.

Suite 1 New River Court

City & State

Fort Lauderdale

Zip

33312

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0461409

Applied For

☒ Not Applicable

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

Name

Margie Silver C/o Jaeger CPA

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

300 SW Second Street

Suite 1 New River Court

City

Fort Lauderdale

FL

Zip Code

33312

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, 2000 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 STREET ADDRESS CITY-ST-ZIP	DPS MENDELSON, CARMEN 9960 N.W. 116TH WAY SUITE 9B MEDLEY FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MENDELSON, STEVEN 9960 N.W. 116TH WAY SUITE 9B MEDLEY FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steve Menelson Vice President 4/27/00 305-863-8881

CR2E034 (9/99)