2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017569

1. Entity Name

WHITE ENTERPRISES WORLDWIDE, INC.

Principal Place of Business Mailing Address P.O. BOX 140668 -- SEVILLA AVE

FILED Feb 16, 2000 8:00 am Secretary of State

02-16-2000 90063 013 ***158.75

LUMAL GABLES) FL 33134		US				118011861	12 0 101 11 010 11 00 11	ı senil enili bi		(8081 6 1118 821	11 8 1 8 41 1 88 1
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. F	4. FEI Number NOT APPLICABLE Applied For Not Applicable					
Zip		Country	Zip Col		untry 5		Certificate	of Status Desi	red \$	<u> </u>	8.75 Add	ditional
	6. Name a	nd Address of Current F	tegistered Agent		ļ	7. N	lame and	Address of N	ew Registe	ered A	jent	
					Name							
153 9	SEVILLA AVE	AGENT CORP			Street Address (P.O. Box Number is Not Acceptable)							
COR	al gables f	-L 33134			City			, 		FL	Zip Code	e .
8. The above	named entity s	submits this statement for	the purpose of changing its	register	red office or	registered age	ent, or bot	th, in the State	of Florida.		-1 	
SIGNATURE .												
	Signature, typed or	printed name of registered agent ar	nd title if applicable. (NOT)	E: Registere	ed Agent signatur	e required when re	instating)			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 St			00.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
11. OFFICERS AND DIRECTORS						AD	DITIONS	CHANGES TO	OFFICERS	S AND I	DIRECTORS	S IN 11
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Inereby 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.

MICHAEL J. FREEMAN SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICENDE SECTION

2/10/00

305-442-1567

Daytime Phone #