

2000 UNIFORM BUSINESS REPORT (UBR)

8/16/00-90005-031-\$150.00-\$150.00

090700

DOCUMENT # P 94000017718

Entity Name

BUSINESS WORLDWIDE CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 28 AM 7:31

00079343

Principal Place of Business
7051 SW 47 STREET
MIAMI FL 33155

Mailing Address
SAME

2. Principal Place of Business
8220 SW 133 STREET

3. Mailing Address
8220 SW 133 STREET

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

Zip
33156

Country
USA

4. FEI Number
65-0476461

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FRASAT FAROOQ
6602 SW 61 TERRACE
SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent
Name
DAVID V. YOUNG
Street Address (P.O. Box Number is Not Acceptable)
1103 NW 180 AVENUE
City
PENSACOLA PINE FL
Zip Code
33029

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]

8/1/00
DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DSP
NARINDRA GUPTA
C-75 FREEDOM FIGHTER ENCLAVE
NEBSARAI, NEW DELHI 110068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200003416282

10/06/00 81023 015

****400.00 ****400.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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: *Narendra Gupta Pres.* 08-01-00 305-336-2174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)