

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90120 046 ***150.00

DOCUMENT # P94000017778

1. Entity Name

Business worldwide Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 NW 22ND CT

Suite, Apt. #, etc.

3. Mailing Address

8220 S.W 133 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33142

Country

USA

Zip

33156

Country

USA

4. FEI Number

650475461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PRAKASH K AGARWAL

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

8220 S.W 133 ST

MIAMI FL

City MIAMI

FL

Zip Code

33156

**DO NOT WRITE
IN THIS SPACE**

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

PRAKASH K AGARWAL

Signature, typed or printed name of registered agent (and title) on file with the

(NOTE: Registered Agent signature required when reinstating)

04/15/02

DATE

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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 DSP
NAME GUPTA, NARINDRA
STREET ADDRESS C-75 FREEDOM FIGHTER ENCLAVE
CITY-ST-ZIP NEB SARAI DELHI 110068

TITLE D.
NAME GUPTA, VINEET
STREET ADDRESS C-75 FREEDOM FIGHTER ENCLAVE
CITY-ST-ZIP NEB SARAI DELHI- 110068

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02

Date

305-635-7277

Daytime Phone #

CR2E034B (12/01)