

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000037146**

1. Entity Name
WORLDWIDE SECURITY CONSULTANTS, INC.

FILED

Mar 10, 2001 08:00 AM
Secretary of State

Principal Place of Business 223 NW 27 AVE MIAMI 33125		Mailing Address 223 NW 27 AVE MIAMI FL 33125	
2. Principal Place of Business 4280 GALT OCEAN DRIVE Suite, Apt. #, etc. 7 H		3. Mailing Address 4280 GALT OCEAN DRIVE Suite, Apt. #, etc. 7 H	
City & State FORT LAUDERDALE, FL Zip 33308		City & State FORT LAUDERDALE, FL Zip 33308	
Country		Country	

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0534822		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOMEZ HENRY 13620 SW 82 AVE			7. Name and Address of New Registered Agent Name GOMEZ HENRY Street Address (P.O. Box Number is Not Acceptable) 4280 GALT OCEAN DRIVE		
MIAMI FL 33158 US			7 H City FORT LAUDERDALE		
			FL Zip Code 33308		

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 _____		03/10/2001
Signature, typed or printed name of registered agent and title if 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. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ HENRY 223 NW 27 AVE MIAMI FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GOMEZ HENRY 4280 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	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"/> Delete	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 807, 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: Henry Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 03/10/2001

Date

Daytime Phone #

CR2E034 (11/00)