

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000037146**1. Entity Name  
WORLDWIDE SECURITY CONSULTANTS, INC.Principal Place of Business  
223 NW 27 AVE  
MIAMI FL 33125Mailing Address  
223 NW 27 AVE  
MIAMI FL 331252. Principal Place of Business  
4280 GALT OCEAN DRIVE3. Mailing Address  
4280 GALT OCEAN DRIVESuite, Apt. #, etc.  
7 HSuite, Apt. #, etc.  
7 HCity & State  
FORT LAUDERDALE, FLCity & State  
FORT LAUDERDALE, FLZip  
33308

Country

Zip  
33308

Country

4. FEI Number  
**65-0534822**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**GOMEZ HENRY  
13620 SW 82 AVE  
MIAMI FL 33158 US**7. Name and Address of New Registered Agent**Name  
GOMEZ HENRY  
Street Address (P.O. Box Number is Not Acceptable)  
4280 GALT OCEAN DRIVE  
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) DATE9. 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, 2001 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	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33125	Delete
		GOMEZ HENRY	223 NW 27 AVE	MIAMI			<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PRES	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33308	Change	Addition
		GOMEZ HENRY	4280 GALT OCEAN DRIVE	FORT LAUDERDALE			<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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: Henry Gomez**Pres **03/10/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)