

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062921

1. Entity Name

WORLDWIDE LEASING CORP.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90043 011 ***150.00

Principal Place of Business

2717 W CYPRESS CREEK RD
 STE 400
 FT LAUDERDALE FL 33309
 US

Mailing Address

2717 W CYPRESS CREEK RD
 STE 400
 FT LAUDERDALE FL 33309-1703
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0517650**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTOR, SAMUEL J
 1489 W. PALMETTO PARK ROAD
 SUITE 485
 BOCA RATON FL 33486

Name

Samuel J Cantor

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

6700 Broken Sound Pkwy NW

Suite 200

City

Boca Raton

FL

Zip Code

33487

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **PARKER, DAVID L**
 STREET ADDRESS **2717 W CYPRESS CREEK RD**
 CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **D** ☐ Change ☒ Addition
 NAME **Steven G Rose**
 STREET ADDRESS **2717 W Cypress Creek Rd**
 CITY-ST-ZIP **Ft Lauderdale, FL 33309**

TITLE **D** ☒ Delete
 NAME **PARKER, DEBRA**
 STREET ADDRESS **2717 W CYPRESS CREEK RD**
 CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **D** ☐ Change ☒ Addition
 NAME **Philip Stickles**
 STREET ADDRESS **2717 W Cypress Creek Rd**
 CITY-ST-ZIP **Ft Lauderdale, FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Karen Hood**
 STREET ADDRESS **2717 W Cypress Creek Rd**
 CITY-ST-ZIP **Ft Lauderdale, FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00 954 969 0658

CR2E034 (9/99)