

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**  
 03-15-2000 90092 036 \*\*\*155.00

**DOCUMENT # P94000063861**

1. Entity Name  
**WORLD WIDE INSURANCE NETWORK, INC.**

**80038615**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 9050 PINES BLVD #360 385 PEMBROKE PINES FL 33024 US  
 Mailing Address: 9050 PINES BLVD #360 PEMBROKE PINES FL 33024-6415 US

2. Principal Place of Business: 9050 PINES BLVD # 385, Suite, Apt. #, etc. # 385, City & State: Pembroke Pines, FL, Zip: 33024, Country: US  
 3. Mailing Address: SAUML, Suite, Apt. #, etc. # 385, City & State: , Zip: , Country:

4. FEI Number: 65-0513456, Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: SAMMARIO, RONALD, 9050 PINES BLVD #360, PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent: Name: SAUML, Street Address (P.O. Box Number is Not Acceptable): SUITE 385, City: , FL, Zip Code:

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	<input type="checkbox"/> Delete	TITLE	SAUML	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMMARIO, RONALD		NAME	SAUML	
STREET ADDRESS	9050 PINES BLVD 360		STREET ADDRESS	SUITE 385	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Ronald Sammarino 3/13/00 954-470-8020  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #