

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 08:00 AM
Secretary of State

DOCUMENT # P94000068520

1. Entity Name
PTC WORLD WIDE, INC.

Principal Place of Business	Mailing Address
4801 S UNIVERSITY DR STE 119-B DAVIE 33328 US	4801 S UNIVERSITY DR STE 119-B DAVIE 33328 US

2. Principal Place of Business	3. Mailing Address
1367 S UNIVERSITY DRIVE	1367 S UNIVERSITY DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
PLANTATION FL	PLANTATION FL

Zip	Country	Zip	Country
33324	US	33324	US

4. FEI Number	Applied For
65-0524197	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUCIANI MARK 7610 STERLING RD APT E-104 HOLLYWOOD 33024 US	Name LUCIANI MARK Street Address (P.O. Box Number is Not Acceptable) 7610 STIRLING RD APT E-104 City HOLLYWOOD FL Zip Code 33024

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 _____ DATE 04/18/2001
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) ☒

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCIANI MARK 7610 STIRLING RD., #E-104 HOLLYWOOD FL 33024 <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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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: Mark Luciani P 04/18/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)