

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000089282

1. Entity Name

WORLD WIDE DELIVERY, INC.

FILED

02 MAY 28 AM 11:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**3929 N FEDERAL HWY. STE 127
POMPANO BEACH, FL 33064**

**3929 N FEDERAL HWY. STE 127
POMPANO BEACH, FL 33064**

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

65-0542151

Applied For

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

TAX HOUSE CORPORATION

Name

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

~~3929 N FEDERAL HWY~~

POMPANO BEACH, FL 33064

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.

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-06/11/02--01108--003

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

*****150.00 ***150.00**

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	P	Delete	TITLE	P	Change	Addition
NAME GOULART, BRUNO		<input checked="" type="checkbox"/>	NAME GOULART, ANTONIO		<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS 3929 N FEDERAL HWY. STE 127			STREET ADDRESS 3929 N FEDERAL HWY. STE 127			
CITY-ST-ZIP POMPANO BEACH, FL 33064			CITY-ST-ZIP POMPANO BEACH, FL 33064			
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

Antonio Goulart **ANTONIO GOULART.**

03/14/2002

(954) 258-3766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #