

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000017639**

1. Entity Name

WORLDWIDE DISCOUNT ELECTRONICS, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90108 019 ***150.00

Principal Place of Business

Mailing Address

3508 CAYMAN CT
APT 2615
KISSIMMEE FL 34741
US**3508 CAYMAN CT**
APT 2615
KISSIMMEE FL 34741-2546
US

2. Principal Place of Business

5265 BROKEN ARROW

3. Mailing Address

5265 BROKEN ARROW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL.

City & State

KISSIMMEE, FL.

Zip

34746

Country

Zip

34746

Country

4. FEI Number

59-3314471

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

SAMMAN, MAMOUN
2323 WINDSONG DRIVE
KISSIMMEE FL 34741

Name

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

5265 BROKEN ARROW

City

KISSIMMEE**FL**

Zip Code

34746

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 State10. 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 ☐ Delete
NAME **D**
STREET ADDRESS **SAMMAN, MAMOUN**
CITY-ST-ZIP **3508 CAYMAN CT / APT 2615**
KISSIMMEE FL 34741TITLE ☒ Change ☐ Addit
NAME
STREET ADDRESS **5265 BROKEN ARROW**
CITY-ST-ZIP **KISSIMMEE, FL 34746**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addit
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**MAMOUN SAMMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/19/2000**
Date**407-396-2555**
Daytime Phone #