'2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # P95000020938 WORLDWIDE ENTERPRISES OF MIAMI, INC. 05-16-2001 90032 046 ***150.00 Principal Place of Business Mailing Address 9705 SW 132 CT 9705 SW 132 CT MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0568428 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UGARTE, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 9705 SW 132 CT MIAMI FL 33186 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD TITLE TITLE ☐ Delete UGARTE, EDUARDO NAME NAME STREET ADDRESS 9705 SW 132 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Change ☐ Delete TITLE Addition TITLE UGARTE, DELIA NAME NAME STREET ADDRESS STREET ADDRESS 9705 SW 132 CT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** TD. Change □ Delete TITLE ☐ Addition TITLE ~ UGARTE, MARILYNN NAME NAME STREET ADDRESS 9705 SW 132 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED IG OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition

FILED