

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029430

1. Entity Name

WORLDWIDE INTERNET SOLUTIONS NETWORK, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90146 032 \*\*\*150.00

Principal Place of Business

Mailing Address

360 N CONGRESS AVE  
 DELRAY BEACH FL 33445  
 US

360 N CONGRESS AVE  
 DELRAY BEACH FL 33445-3435  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0592282**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~FAHMY, SAFWAT F~~  
 360 N CONGRESS AVE  
 DELRAY BEACH FL 33445

Name **Stephen Attanasio**

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

*(Paper work already submitted to change)*

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 **Stephen Attanasio**

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	DC	<input checked="" type="checkbox"/> Delete
NAME	FAHMY, SAFWAT F	
STREET ADDRESS	360 N CONGRESS AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ATTANCSIO, STEPHEN	
STREET ADDRESS	360 N CONGRESS AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEWEES, LEDYARD H.	
STREET ADDRESS	270 NW 3RD CT	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	SINNOTT, DANIEL	
STREET ADDRESS	360 N CONGRESS AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELLER, GARY	
STREET ADDRESS	1756 SE 9TH	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCORD, DARRIS	
STREET ADDRESS	3144 MARTIN RD	
CITY-ST-ZIP	WALLED LAKE MI 48390	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harmon G. Michael	
STREET ADDRESS	360 N. Congress Ave	
CITY-ST-ZIP	DeLray Beach, FL 33445	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Attanasio, Stephen	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haynes Barbara	
STREET ADDRESS	360 N. Congress Ave	
CITY-ST-ZIP	DeLray Beach, FL 33445	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ackerman, Eugene	
STREET ADDRESS	360 N. Congress Ave	
CITY-ST-ZIP	DeLray Beach, FL 33445	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McLeely, Mark	
STREET ADDRESS	360 N. Congress Ave	
CITY-ST-ZIP	DeLray Beach, FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Stephen Attanasio**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30900 (561) 272-7710

Date

Daytime Phone #

FILED

FILED