

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

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** ☒ Delete
NAME **FAHMY, SAFWAT F**
STREET ADDRESS **360 N CONGRESS AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Change ☒ Addition
NAME Harmon, G. Michael
STREET ADDRESS 360 N. Congress Ave
CITY-ST-ZIP Delray Beach, FL 33445

TITLE **DP** ☐ Delete
NAME **ATTANCSIO, STEPHEN**
STREET ADDRESS **360 N CONGRESS AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☒ Change ☐ Addition
NAME Attanasio, Stephen
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **DEWEES, LEDYARD H.**
STREET ADDRESS **270 NW 3RD CT**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☒ Change ☒ Addition
NAME Haynes, Barbara
STREET ADDRESS 360 N. Congress Ave
CITY-ST-ZIP Delray Beach, FL 33445

TITLE **DCEO** ☒ Delete
NAME **SINNOTT, DANIEL**
STREET ADDRESS **360 N CONGRESS AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Change ☒ Addition
NAME Ackerman, Eugene
STREET ADDRESS 360 N. Congress Ave
CITY-ST-ZIP Delray Beach, FL 33445

TITLE **D** ☒ Delete
NAME **MELLER, GARY**
STREET ADDRESS **1756 SE 9TH**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Change ☒ Addition
NAME McLeely, Mark
STREET ADDRESS 360 N. Congress Ave
CITY-ST-ZIP Delray Beach, FL 33445

TITLE **D** ☒ Delete
NAME **MCCORD, DARRIS**
STREET ADDRESS **3144 MARTIN RD**
CITY-ST-ZIP **WALLED LAKE MI 48390**

TITLE ☐ Change ☐ 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

3-29-00 (561) 572-7710

Date

Daytime Phone #