

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90450 001 ***158.75

DOCUMENT # **P9 500009 6925**
1. Entity Name
WORLD WIDE CONCEPTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 343230
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 343230
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Florida City FL.
Zip
33034
Country

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Florida City FL.
Zip
33034
Country
USA

4. FEI Number
650635024
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Tina M. Torres
Street Address (P.O. Box Number is Not Acceptable)
24900 S.W. 149 Ave.
City
Princeton FL Zip Code
33032

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P) Tina M. Torres 24900 SW 149 Ave. Princeton FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President (V) Olga Polo 24900 SW 149 Ave. Princeton FL 33032
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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 on an attachment with an address with all other like empowered.

SIGNATURE: **Luis M. Jones** **Tina M. Torres** **4/24/02** **305-925-4388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)