

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P. 9600000 7538*

1. Entity Name

WORLDWIDE DOCTOR'S MEDICAL CENTER CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX: 557432

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX: 557432

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33255

Country

Zip

33255

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTINEZ FORGE

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

6741 COPAC WAY. # 40.

City *MIAMI*

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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 <i>P/D</i> | <i>MARTINEZ FORGE</i> |
| NAME | <i>PRESIDENT</i> |
| STREET ADDRESS | <i>P.O. BOX: 557432 MIAMI FL 33255</i> |
| CITY-ST-ZIP | |
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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, which is not a residential address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. Oculicchio JUL 25 2003

03 JUL 25 PM 1:47
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA