

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037078

1. Entity Name
WORLDWIDE SOLUTIONS LTD., INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90016 040 ***550.00

Principal Place of Business

17000 NW 67 AVE
SUITE 113
MIAMI LAKES FL 33015
US

Mailing Address

17000 NW 67 AVE
SUITE 113
MIAMI LAKES FL 33015
US

2. Principal Place of Business

17000 NW 67 Ave

3. Mailing Address

Same as above

Suite, Apt. #, etc.

113

Suite, Apt. #, etc.

City & State
Miami Lakes, FL

City & State

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTEGA, JUAN A
17000 NW 67 AVE
SUITE 113
MIAMI, FL 33015

7. Name and Address of New Registered Agent

Name

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

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 *N/A*

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
ORTEGA, JUAN A
17000 NORTHWEST 67TH AVENUE, SUITE 113
MIAMI LAKES FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-Sep-00

Date

305.362.5575

Daytime Phone #

CR2E034 (5/00)