2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037078

Sep 11, 2002 8:00 am Secretary of State 09-11-2002 90056 003 ***550.00 WORLDWIDE SOLUTIONS LTD., INC. Principal Place of Business Mailing Address 17000 NW 67 AVENUE 17000 NW 67 AVENUE **SUITE 113 SUITE 113** MIAMI LAKES FL 33015 MIAMI LAKES FL 33015 US 2. Principal Place of Business 3. Mailing Address Same serve Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORTEGA, JUAN A Street Address (P.O. Box Number is Not Acceptable) 17000 NW 67 AVE SUITE 113 MIAMI FL 33/215 City 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. I am familiar with, and accept the obligations of registered agent. Signature, ped or printed name of registered agent a (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE Delete TITLE ☐ Change ☐ Addition NAME ORTEGA, JUAN A NAME STREET ADDRESS 17000 NORTHWEST 67TH AVENUE, SUITE 113 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33015 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 emp ...

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP