

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000044982**1. Entity Name
WORLDWIDE TRAINING, INC.

Principal Place of Business

14592 SUNSET PINES DRIVE

DELRAY BEACH

33445

FL

Mailing Address

14592 SUNSET PINES DRIVE

DELRAY BEACH

33445

FL

2. Principal Place of Business

5040 N. LA SEDONA CIRCLE

3. Mailing Address

5040 N. LA SEDONA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH

FL

City & State

DELRAY BEACH

FL

Zip

33484

Country

Zip

33484

Country

4. FEI Number

65-0669195

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

INFANDE ALBERT L
14592 SUNSET PINES DRIVE

DELRAY BEACH

33445

FL

7. Name and Address of New Registered Agent

Name

INFANDE ALBERT L

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

5040 N. LA SEDONA CIRCLE

City

DELRAY BEACH

FL

Zip Code
33484

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)

05/01/2001

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, 2001 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

TITLE STD ☐ Delete
NAME INFANDE GLORIA H
STREET ADDRESS 14592 SUNSET PINES DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE PD ☐ Delete
NAME INFANDE ALBERT L
STREET ADDRESS 14592 SUNSET PINES DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD ☒ Change ☐ Addition
NAME INFANDE GLORIA H
STREET ADDRESS 5040 N. LA SEDONA CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33484TITLE PD ☒ Change ☐ Addition
NAME INFANDE ALBERT L
STREET ADDRESS 5040 N. LA SEDONA CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33484TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: GLORIA H. INFANDE

STD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)