2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064107

1 Entity Name

WORLDWIDE BEVERAGE, INC.

FILED

00 JUL 24 PM 1:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
SAINT ANDREWS BLVD
608
RATON FL 33433

Mailing Address
PO BOX 811172
BOCA RATON FL 33481-1172

2. Principal Place of Business
100 East Linton Blvd.
Suite, Apt. #, etc.
Suite 140A
City & State
Delray Beach, FL 33444
Zip 33444
Country Palm Beach

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0694479 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWE, CYMONIE
21218 SAINT ANDREWS BLVD
SUITE 608
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
100 East Linton Blvd.
Suite 140A
City Delray Beach, FL
State FL
Zip Code 33444

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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	PT ☐ Delete
NAME	ROWE, THELKA
STREET ADDRESS	21218 ST ANDREWS BLVD 608
CITY-ST-ZIP	BOCA RATON FL
TITLE	MS ☐ Delete
NAME	ROWE, CYMONIE
STREET ADDRESS	21218 ST ANDREWS BLVD 608
CITY-ST-ZIP	BOCA RATON FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	700003351487--1
STREET ADDRESS	-08/09/00--01092--003
CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ 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.

KE

SIGNATURE: _____ Thelka Rowe 4/27/00 561-392-5077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #