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	Mailing Address
... SAINT ANDREWS BLVD ... 608 ... RATON FL 33433	PO BOX 811172 BOCA RATON FL 33481-1172

2. Principal Place of Business	3. Mailing Address
100 East Linton Blvd.	
Suite, Apt. #, etc: Suite 140A	Suite, Apt. #, etc:
City & State: Delray Beach, FL 33444	City & State:
Zip: 33444 / Country: Palm Beach	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	7. Name and Address of New Registered Agent
ROWE, CYMONIE 21218 SAINT ANDREWS BLVD SUITE 608 BOCA RATON FL 33433	Name: Street Address (P.O. Box Number is Not Acceptable): 100 East Linton Blvd. Suite 140A City: Delray Beach, 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 ____________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT ROWE, THELKA 21218 ST ANDREWS BLVD 608 BOCA RATON FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700003351487--1 -08/09/00--01092--003 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MS ROWE, CYMONIE 21218 ST ANDREWS BLVD 608 BOCA RATON FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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 #