

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000068141

1. Entity Name
WIDEWORLD CONSOLIDATORS, INC.

Principal Place of Business
 3409 B NW 72 AVE
 MIAMI FL 33122 US

Mailing Address
 P.O BOX 523889
 MIAMI FL 33152 US

2. Principal Place of Business
 8933 NW 23RD STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 MIAMI FL

City & State

Zip
 33172

Country
 US

Zip

Country

4. FEI Number
59-0693995

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEBOLD JOHN
 3409 B NW 72 AVE
 MIAMI FL 33122 US

Name
LEBOLD JOHN EPRES.
 Street Address (P.O. Box Number is Not Acceptable)
 8933 NW 23RD STREET
 City
MIAMI FL Zip Code
 33172

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 **JOHN E. LEBOLD**

04/06/2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **TAMAYO ELIZABETH** Delete
 STREET ADDRESS
 3409 B NW 72 AVE
 CITY-ST-ZIP
 MIAMI FL 33122

TITLE
 NAME **TAMAYO ELIZABETH** Change Addition
 STREET ADDRESS
 8933 NW 23RD STREET
 CITY-ST-ZIP
 MIAMI FL 33172

TITLE
 NAME **LEBOLD JOHN** Delete
 STREET ADDRESS
 3409 B NW 72 AVE
 CITY-ST-ZIP
 MIAMI FL 33122

TITLE
 NAME **LEBOLD JOHN** Change Addition
 STREET ADDRESS
 8933 NW 23RD STREET
 CITY-ST-ZIP
 MIAMI FL 33172

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 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: **John E. Lebold**

Pres **04/06/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)