

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96 0000 86617

1. Entity Name

GUEST SERVICES WORLDWIDE, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90051 005 \*\*\*158.75

Principal Place of Business

20201 NE 15 CT  
8930 NW 53 ST.  
N. MIAMI, FL 33179

Mailing Address

20201 NE 15 CT  
8390 NW 53 ST.  
N. MIAMI, FL 33179

2. Principal Place of Business

20201 NE 15<sup>TH</sup> COURT  
Suite, Apt. #, etc.

3. Mailing Address

20201 NE 15<sup>TH</sup> COURT  
Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

4. FEI Number

59-3425231

Applied For

Not Applicable

Zip

Country

33179

Zip

Country

33179

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, N  
7520 MAGELLAN CIR  
STE 731  
AJENTURA FL 33180

7. Name and Address of New Registered Agent

Name

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

20201 NE 15<sup>TH</sup> COURT

City

NORTH MIAMI

FL

Zip Code  
33179

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 reinstalling)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
GOODMAN, NEIL  
7520 MAGELLAN CIRCLE #731  
AJENTURA FL 33180



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3501 MAGELLAN CIRCLE #631



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL GOODMAN

4-27-00

Date

(305) 770-0977

Daytime Phone #