

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091023

1. Entity Name

WORLD-WIDE SOURCING CORP.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90031 007 ***150.00

Principal Place of Business

Mailing Address

15033 SW 110 TERRACE
MIAMI FL 33196
US

9601 SW 142 AVE., APT 622
MIAMI FL 33186-6862

2. Principal Place of Business

3. Mailing Address

9601 SW 142 AVE

Suite, Apt. #, etc.

#622

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-0706008

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

SCHULTZ, DORIVAL R
15033 SW 110 TER
MIAMI FL 33196

Name

SCHULTZ DORIVAL R.

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

9601 SW 142 AVE #622

City

Miami

FL

Zip Code

33186

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] DORIVAL SCHULTZ - EXEC DIRECTOR

01/22/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD
NAME SCHULTZ, DORIVAL R
STREET ADDRESS 15033 SW 110 TER
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

TITLE SD
NAME SCHULTZ, DORIVAL R
STREET ADDRESS 9601 SW 142 AVE #622
CITY-ST-ZIP MIAMI FL 33186 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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] DORIVAL SCHULTZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/22/2000

Daytime Phone #

305 752 4751

CR2E034 (9/99)