2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000056115** Apr 21, 2000 8:00 am Secretary of State WORLDGATE TRADING, CORP. 04-21-2000 90163 005 ***150.00 Principal Place of Business Mailing Address 10242 NW 47 STREET STE 39 10242 NW 47 STREET STE 39 SUNRISE FL 33351 SUNRISE FL 33351-7967 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0763604 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired _ - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAN MARTIN, JOSE Street Address (P.O. Box Number is Not Acceptable) 10242 NW 47 STREET STE 39 SUNRISE FL 33351 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITI F Change ☐ Addition TITLE □ Delete ZIMICHI, OSWALDO NAME NAME STREET ADDRESS 10242 NW 47 STREET STE 39 STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP Change ☐ Addition □ Delete TITLE SAN MARTIN, JOSE NAME NAME STREET ADDRESS 10242 NW 47 STREET STE 39 STREET ADDRESS CITY-ST-ZIP .. SUNRISE FL 33351 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 exedute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attachment with an address with the little empowered.

Jose San MArtin (954)741-9800 Daytime Phone #

changed, or on an attachment with an a