

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056115

1. Entity Name

WORLDGATE TRADING, CORP.

Principal Place of Business

10242 NW 47 STREET STE 39
SUNRISE FL 33351

Mailing Address

10242 NW 47 STREET STE 39
SUNRISE FL 33351-7967

2. Principal Place of Business

4694 NW 103 ave

3. Mailing Address

4694 NW 103 ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33351

Country

U.S.A.

Zip

33351

Country

U.S.A.

4. FEI Number

65-0763604

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAN MARTIN, JOSE
10242 NW 47 STREET STE 39
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name: Nicanor Jordan
Street Address (P.O. Box Number is Not Acceptable): 4694 NW 103 avenue
City: Sunrise FL 33351

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 registrant agent and filer if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

* This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.



10. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	ZIMCHI, OSWALDO	
STREET ADDRESS	10242 NW 47 STREET STE 39	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VD	☐ Delete
NAME	SAN MARTIN, JOSE	
STREET ADDRESS	10242 NW 47 STREET STE 39	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		☒ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	☒ Change ☐ Add
NAME	NICANOR Jordan	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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.

SIGNATURE:

Nicanor Jordan

Jose San Martin

01/18/00 (954)741-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

License # (if any)