

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056960

1. Entity Name

WORLDWIDE FINANCIAL CONSULTING SERVICES, INC.

Principal Place of Business

60 ASTER PLACE
OLDSMAR FL 34677

Mailing Address

60 ASTER PLACE
OLDSMAR FL 34677

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3453463

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

APONTE, CARLOS A
60 ASTER PLACE
OLDSMAR FL 34677

Name: RIVERA Angel B
Street Address (P.O. Box Number is Not Acceptable)
60 ASTER PLACE
OLDSMAR 34677
City FL 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

Angel B. RIVERA, PRESIDENT

DATE

4/28/01

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	DVS	<input checked="" type="checkbox"/> Delete
NAME	APONTE, CARLOS A	
STREET ADDRESS	60 ASTER PLACE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	PT	<input type="checkbox"/> Delete
NAME	RIVERA, A B	
STREET ADDRESS	60 ASTER PL	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: Angel B. RIVERA, PRESIDENT

Date

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90214 045 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)