

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067304

1. Entity Name

WORLD-WIDE CONCESSIONS, INC.

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90079 006 ***150.00

Principal Place of Business
4649 PONCE DE LEON
404
CORAL GABLES FL 33146

Mailing Address
4649 PONCE DE LEON
404
CORAL GABLES FL 33146-2121

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number 65-0771973
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, NORMAN C
9822 NE 2ND AVE
SUITE #2
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNIGHT, III D			NAME			
STREET ADDRESS	9822 NE 2ND AVE #2			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERRY, WILLIAM R.			NAME			
STREET ADDRESS	9822 NE 2ND AVE #2			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBERNI, ILEANA			NAME			
STREET ADDRESS	801 HARBOR DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33149			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBERNI, JOSE			NAME			
STREET ADDRESS	801 HARBOR DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33149			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	UP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	PEDRO AMARO JR		
STREET ADDRESS				STREET ADDRESS	14240 SW 32 ST.		
CITY-ST-ZIP				CITY-ST-ZIP	MIAMI FL 33175		
TITLE		<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	DIMOS THEOSEVUS		
STREET ADDRESS				STREET ADDRESS	16020 SW 105 ST		
CITY-ST-ZIP				CITY-ST-ZIP	MIAMI FL 33196		

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

Date

Daytime Phone #

JOSE G. ALBERNI 2/9/00

(305) 662-7272

CR2E034 (9/99)