

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90197 048 ***150.00

DOCUMENT # P97000067304

1. Entity Name
 WORLD-WIDE CONCESSIONS, INC.

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| Principal Place of Business 4649 PONCE DE LEON 300 CORAL GABLES FL 33146 | Mailing Address 4649 PONCE DE LEON 300 CORAL GABLES FL 33146 |
|--|--|

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|---|---|
| 2. Principal Place of Business MIAMI INTERNATIONAL AIRPORT PO BOX 997180 Suite, Apt. #, etc. | 3. Mailing Address PO BOX 997180 Suite, Apt. #, etc. |
|---|---|

| | |
|---|--|
| City & State MIAMI, FLORIDA | City & State MIAMI FLORIDA |
| Zip 33299 | Zip 33299-7180 |
| Country USA | Country USA |

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

ALBERNI, JOSE G.
 4649 PONCE DE LEON
 #300
 MIAMI FL 33146

7. Name and Address of New Registered Agent

Name: ALBERNI, JOSE G.
 Street Address (P.O. Box Numbers Not Acceptable): 430 GRAND BAY DR. #306
 City: KEY BISCAVNE FL Zip Code: 33149

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]* JOSE G. ALBERNI DATE: 4/12/02

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KNIGHT, III D 9822 NE 2ND AVE #2 MIAMI FL 33138 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PERRY, WILLIAM R. 9822 NE 2ND AVE #2 MIAMI FL 33138 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ALBERNI, ILEANA 4649 PONCE DE LEON # 300 CORAL GABLES FL 33146 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP AMARO, PEDRO JR 14240 SW 38 ST MIAMI FL 33175 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD THEOSEVIS, DIMOS 16020 SW 105 ST MIAMI FL 33196 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KNIGHT, III DEWEY 8260 NW 156 TER MIAMI FL 33016 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PERRY, WILLIAM R. 340 NE 94 ST MIAMI SHORES, FL 33138 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALBERNI, ILEANA 430 GRAND BAY DR #306 KEY BISCAVNE FL 33149 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP AMARO, PEDRO JR 14240 SW 38 ST MIAMI FL 33175 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP THEOSEVIS, DIMOS 1688 LONGVIEW WESTON, FL 33336 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ALBERNI, JOSE G. 430 GRAND BAY DR #306 KEY BISCAVNE FL 33149 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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]* JOSE G. ALBERNI DATE: 4/12/02 305 871-0559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)