

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000098669 ✓

1. Entity Name

WORLDWIDE INTERNATIONAL VENTURES, INC.

DO NOT WRITE IN THIS SPACE

817982

2. Principal Place of Business

1101 BELCHER ROAD STE. B

3. Mailing Address

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LARGO, FL

City & State

4. FEI Number

59-3687465

Applied For

Not Applicable

Zip

33771

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

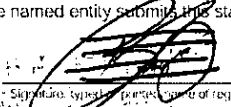
Street Address (P.O. Box Number is Not Acceptable)

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: 

Signature (typed or printed name of registered agent and title if applicable)

(If Officer or Registered Agent signature is required when reinstating)

1/15/02 

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
BORIS WATKIN
221 MAPLE AVE
PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
PELLUM, JY
1101 BELCHER RD. S Suite
LARGO, FL 33771

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2002

Date

874 420 1250

Daytime Phone #

CR2E034B (12/01)