

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90225 005 ***150.00

DOCUMENT # P97000098669

1. Entity Name
WORLDWIDE INTERNATIONAL VENTURES, INC.



Principal Place of Business
1101 BELCHER ROAD STE. B
SUITE B
LARGO FL 33771

Mailing Address
1101 BELCHER ROAD STE. B
SUITE B
LARGO FL 33771



2. Principal Place of Business

660 Anclote dr.

Suite, Apt. #, etc.

3. Mailing Address

P O BOX 1802

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

TARPON SPRINGS

City & State

TARPON SPRINGS

4. FEI Number

59-3587465

Applied For

Not Applicable

Zip

FL

Country

34689

Zip

FL

Country

34689

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLMAN, JOSEPH N
1101 BELCHER ROAD S, STE. B
LARGO FL 33771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WAWRIK, BORIS
STREET ADDRESS 221 MAYLE AVE
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete

TITLE V
NAME PERLMAN, J
STREET ADDRESS 1101 BELCHER RD S
CITY-ST-ZIP LARGO FL 33771 ☒ Delete

TITLE V
NAME CALLABY, R
STREET ADDRESS P O BOX 1802
CITY-ST-ZIP TARPON SPRINGS, FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/03

Date

Daytime Phone #

CR2E034 (10/02)