## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## DOCUMENT # **P98000001433** May 23, 2000 8:00 am Secretary of State WORLDWIDE CONCESSION GROUP, INC. 05-23-2000 90264 005 \*\*\*150.00 Mailing Address Principal Place of Business 4310 SHERIDAN ST 4310 SHERIDAN ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-3512 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0805716 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BURTON, ANDRE S** Street Address (P.O. Box Number is Not Acceptable) 4310 SHERIDAN STREET #202 HOLLYWOOD FL 33021 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE TROMBETTI, JOSEPH D NAME NAME STREET ADDRESS 4310 SHERIDAN ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33321 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE FRENETTE, RICHARD NAME STREET ADDRESS STREET ADDRESS 1205 HARKERS COURT CITY-ST-ZIP CITY-ST-ZIP **NEW ALBANY OH 43054** ☐ Change Addition ☐ Delete TITLE TITLE WEBER, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 628 SYDENHAM BLVD. CITY-ST-ZIP CITY-ST-7(P CHESAPEAKE VA 23322 ☐ Change ☐ Addition ☐ Delete TITLE TITLE TROMBETTI, WENDY NAME NAME STREET ADDRESS STREET ADDRESS 4310 SHERIDAN ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33312 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Daytime Phone #