## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000019883** May 05, 2000 8:00 am Secretary of State Worldwide Internet Services, Inc. 05-05-2000 90047 018 \*\*\*150.00 Principal Place of Business Mailing Address 4750 N DIVICE HWY Same Lauderdale, Fi 33331 2. Principal Place of Business 3. Mailing Address Revenue 1 de la maio de la como a la como a la como a la como de l Suite Apt # etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-083 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALUCCI, ROBERT Street Address (P.O. Box Number is Not Acceptable) 5533 N.W. 107TH AVENUE CORAL SPRINGS FL 33076 City Zip Code 8. The above named earth this/stater he purpose of changing its registered office or registered agent, or both, in the State of Florida 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. india ang mga sagara Mga banananan arsan \$5.00 May Be Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change Addition PALUCCI, ROBERT NAME STREET ADDRESS 5533 N.W. 107TH AVENUE STREET ADDRESS 007 - 31 - ZIP CORAL SPRINGS FL 33076 CITY-ST-ZIP 146.6 ☐ Delete TITLE ☐ Change Addition SAMÉ NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP HILE ☐ Defete \_TITLE ☐ Change → ☐ Addition SAME NAME TIPEEL ADDRESS STREET ADDRESS Cilit SI-28 CITY-ST-ZIP Delete THIE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 71716 Delete TITLE Change ☐ Addition NAME SIPEET ADDRESS STREET ADDRESS CHI + ST ZIP CITY-ST-ZIP Willes Delete Cnange Addition STHEET ADDRESS STREET ADDRESS CITE STATE CITY - ST- ZIP 13. Thereby 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 turstee ampowered injective 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:()