

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2000 8:00 am
Secretary of State
 05-20-2000 90007 040 ***150.00

DOCUMENT # P98000027649

1. Entity Name

ASSOCIATION OF WORLD WIDE WINNERS, INC.

Principal Place of Business

2452 JACKSON ST.
 HOLLYWOOD FL 33020

Mailing Address

P.O. BOX 101161
 FT LAUDERDALE FL 33310-1161

2. Principal Place of Business

2452 JACKSON ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. 101161

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL.

City & State

FT. LAUD. FL.

4. FEI Number

65-0826215

Applied For

Not Applicable

Zip

33020

Country

U.S.

Zip

33310-1161

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COX, ANTHONY
 7793 GRANDE ST.
 SUNRISE FL 33343

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00

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	PS	<input type="checkbox"/> Delete
NAME	COX, ANTHONY	
STREET ADDRESS	7793 GRANDE ST.	
CITY-ST-ZIP	SUNRISE FL 33343	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WOLFF, DEREK	
STREET ADDRESS	7793 GRANDE ST	
CITY-ST-ZIP	SUNRISE FL 33343	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY COX

4/27/00

Date

877-505-8572

Daytime Phone #