

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90949 012 ***150.00

DOCUMENT # P9800047537

1. Entity Name

WORLD WIDE STUPIDS, INC. ✓

Principal Place of Business

Mailing Address

1521 ALTON ROAD STE 153
 MIAMI BEACH FL 33139

2. Principal Place of Business

13727 SW 152nd ST

3. Mailing Address

13727 SW 152nd ST

Suite, Apt. #, etc.

283

Suite, Apt. #, etc.

283

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0841377

Applied For

Not Applicable

Zip

33177

Country

USA

Zip

33177

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PTC WORLD WIDE INC.
 4801 S UNIVERSITY DR 1118
 DAVIE FL 33328

7. Name and Address of New Registered Agent

Name PTC WORLD WIDE INC.
 Street Address (P.O. Box Number is Not Acceptable)
 1367 S UNIVERSITY DR
 City PLANTATION FL Zip Code 33324

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

Mark Luman PR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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, 2001 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	D/P	<input type="checkbox"/> Delete
NAME	Inchausti, CARLA M	
STREET ADDRESS	15030 SW 178 TR	
CITY-ST-ZIP	Miami FL 33187	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	Inchausti, Mario	
STREET ADDRESS	15030 SW 178 TR	
CITY-ST-ZIP	Miami FL 33187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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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:

CARLA M. INCHAUSTI

Date

4/24/01

Daytime Phone #

305-562-0351

CR2E034 (11/00)