

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90083 042 ***150.00

DOCUMENT # P98000047537

1. Entity Name

WORLD WIDE STUPIDS, INC.

Principal Place of Business

**13727 S.W. 152 STREET
 SUITE 283
 MIAMI FL 33177**

Mailing Address

**13727 S.W. 152 STREET
 SUITE 283
 MIAMI FL 33177**

2. Principal Place of Business

15030 SW 178th TERR

3. Mailing Address

15030 SW 178th TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0841377

Applied For

Not Applicable

Zip

33187

Country

USA

Zip

33187

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PTC WORLD WIDE, INC.
 1367 S UNIVERSITY DR
 PLANTATION FL 33324**

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, 2002 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: **DP** ☐ Delete
 NAME: **INCHAUSTI, CARLA M**
 STREET ADDRESS: **15030 S.W. 178 TR**
 CITY-ST-ZIP: **MIAMI FL 33187**

TITLE: **DVP** ☐ Delete
 NAME: **INCHAUSTI, MARIO**
 STREET ADDRESS: **15030 S.W. 178 TR**
 CITY-ST-ZIP: **MIAMI FL 33187**

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
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 CITY-ST-ZIP:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-02 786-242-258

CR2E034 (9/01)