

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90115 024 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10074427

DOCUMENT # P98000047537		
1. Entity Name WORLD WIDE STUPIDS, INC.		
Principal Place of Business 15030 SW 178TH TERR MIAMI, FL 33187		Mailing Address 15030 SW 178TH TERR MIAMI, FL 33187
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc. 124 E Orchard Ridge Ln City & State Boca Raton FL 33431 Zip 33431 Country USA		Suite, Apt. #, etc. 124 E Orchard Ridge Ln City & State Boca Raton FL 33431 Zip 33431 Country USA
4. FEI Number 65-0841377		Applied For Not Applicable
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 MARK LUCIANI Street Address (P.O. Box Number is Not Acceptable) 7705 DAVIE RD EXT City Hollywood FL Zip Code 33024
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Mark Luciani</u> DATE <u>4/14/03</u> (NOTE: Registered Agent's signature required when registering)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP INCHAUSTI, CARLA M 15030 S.W. 178 TR MIAMI, FL 33187		TITLE NAME STREET ADDRESS CITY-ST-ZIP DP Inchausti, CARLA M. 124 E Orchard Ridge Lane Boca Raton FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP INCHAUSTI, MARIO 15030 S.W. 178 TR MIAMI, FL 33187		TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP Inchausti, Mario 124 E Orchard Ridge Lane Boca Raton FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Carla M. Inchausti</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>4/14/03</u> DAYTIME PHONE # <u>561.955.9039</u>