2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

DOCUMENT # P98000106307 Sep 07, 2000 8:00 am Secretary of State 1. Entity Name WORLDWIDE CONSTRUCTION MANAGEMENT CORP. 09-07-2000 90002 018 ***550.00 Mailing Address Principal Place of Business 3903 ADRA AVE. 3903 ADRA AVE. MIAMI FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-2143512 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATTA, GUILLERMO E Street Address (P.O. Box Number is Not Acceptable) 3903 ADRA AVE. **MIAMI FL 33178** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered of the registered agent, or both, in the State of Florida. GUILLERMO E. MATTA-Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Pavable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE TITLE ☐ Delete MATTA, GUILLERMO E NAME NAME 3903 ADRA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE MATTA, LUDY B NAME NAME 3903 ADRA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ CITY-ST-7IP* MIAMI: FL: 33178 Change ☐ Addition TITLE ☐ Delete TITLE MAJIAS, MONICA A NAME NAME 7916 NW 66 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS 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