2000 UNIFORM BUSINESS REPORT (UBR) P9900000591 May 04, 2000 8:00 am Secretary of State DOCUMENT # 1. Entity Name WORLDWIDE MERCHANDISE, INC. 05-04-2000 90227 011 ***150.00 Principal Place of Business Mailing Address 711 NORTH PINE ISLAND RD SUITE 116 651786 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address 2261 NW 82 AVE 1859 N PINE ISLAND RD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 183 Applied For 4. FEI Number City & State City & State Not Applicable FORT LAUDERDALE, FL 65-0887340 SUNRISE. FL Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 33322 DSA 7. Name and Address of New Registered Agent Name SPIEGEL_&_UTRERA,_P.A JANNICE F. DAVIS Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE <u>2261 NW 82 AVE</u> CORAL GABLES, FL 33134 US Zip Code **33322** SUNRISE 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** Change **PSTD ☑** Delete TITLE TITLE NAME NAME DAVIS, JANNICE F DAVIS, JANNICE F STREET ADDRESS STREET ADDRESS 711 NORTH PINE ISLAND RD. 2261 NW 82 AVE CITY-ST-7IP CITY-ST-7IP <u>PLANTATION, FL 33324</u> SUNRISE, FL 33322 ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IE Addition ☐ Delete TITLE Change Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered.

changed, or on an attachment with an address