FILED

## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PR

## Jun 05, 2000 8:00 am Secretary of State DOCUMENT # P99000001134 WORLDCORP MANAGEMENT GROUP INC. 05-11-2000 90076 029 \*\*\*150.00 Mailing Address Principal Place of Business 6245 N. FEDERAL HIGHWAY ### N. FEDERAL HIGHWAY SUITE 300 SUITE 300 FORT LAUDERDALE FL 33308-1915 FUHT LAUDERDALE FL 33308 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 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ---6245 N. FEDERAL HIGHWAY SUITE 300 FORT LAUDERDALE FL 33308 Zip Code City 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. 5-25-2UDD SIGNATURE NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 66/6) Change TITLE Addition Delete TITLE NAME GINSBERG, RICHARD III NAME STREET ADDRESS 6245 N. FEDERAL HIGHWAY, SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE FORT LAUDERDALE FL 33308 ☐ Change Addition ☐ Delete TITLE TITLE LEIGHTON, PETER NAME NAME STREET ADDRESS STREET ADDRESS 6245 N. FEDERAL HIGHWAY, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST: ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the received changed, or on an attachment