

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014027

1. Entity Name

WORLDNET COMMERCE, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90042 009 ***558.75

Principal Place of Business

1299 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33334

Mailing Address

1299 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33334-4813

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEL Number

65-0893392

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MORGAN, RICHARD ESQ.~~
~~200 SOUTH BISCAYNE BLVD., 20TH FLOOR~~
~~MIAMI FL 33131-2310~~

7. Name and Address of New Registered Agent

Name

PAULA J. GAMBRILL

Street Address (P.O. Box Number is Not Acceptable)

1299 E. COMMERCIAL BLVD #
FT. LAUDERDALE FL 33334

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

Paula J. Gambrell PAULA J. GAMBRILL P. 5/1/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS GAMBRILL, PAULA
CITY-ST-ZIP 1299 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula J. Gambrell PAULA J. GAMBRILL, PRES.

Date

5/1/00 (854) 453-6000

Daytime Phone #

CR2E034 (9/99)