2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000026894** Apr 27, 2000 8:00 am Secretary of State WORLDWIDE FINANCIAL CORP. 04-27-2000 90041 012 ***150.00 Mailing Address Principal Place of Business C/O SAMUEL J. CANTOR C/O SAMUEL J. CANTOR 1489 W PALMETTO PARK RD STE 485 1489 W PALMETTO PARK RD STE 485 BOCA RATON FL 33486-3327 **BOCA RATON FL 33486** 2. Principal Place of Business 2717 W. Cypress Creek Road 3. Mailing Address 2717 W. Cypress Creek Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0906740 City & State Fort Lauderdale, FL Applied For City & State Fort Lauderdale, FL Not Applicable \$8.75 Additional Country Country Zip 33309 5. Certificate of Status Desired 33309 UŠA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Cantor, Samuel_J. CANTOR, SAMUEL J Street Address (P.O. Box Number is Not Acceptable) 6700 Broken Sound Parkway NW 1489 W PALMETTO PARK ROAD SUITE 485 Suite 200 **BOCA RATON FL 33486** City Boca Raton, of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sy SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy is Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change · ■ Addition ☐ Delete TITLE TITLE PARKER, DAVID P NAME NAME Parker, Dávid L. STREET ADDRESS 1489 W PALMETTO PARK RD STE 485 STREET ADDRESS 2717 W. Cypress Creek Road CATY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33486** Fort Lauderdale, FL 33309 ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF - - Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

877-969-0658

Daytime Phone #