

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026896

1. Entity Name

WW COLLECTION CORP.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90006 021 ***150.00

Principal Place of Business

C/O SAMUEL J. CANTOR
1489 W PALMETTO PARK RD STE 485
BOCA RATON FL 33486

Mailing Address

C/O SAMUEL J. CANTOR
1489 W PALMETTO PARK RD STE 485
BOCA RATON FL 33486-3327

2. Principal Place of Business

2717 W. Cypress Creek Road
Suite, Apt. #, etc.

3. Mailing Address

2717 W. Cypress Creek Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number
65-0906941

Applied For
Not Applicable

Zip
33309

Country
USA

Zip
33309

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANTOR, SAMUEL J
1489 W PALMETTO PARK RD
SUITE 495
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name
Cantor, Samuel J.
Street Address (P.O. Box Number is Not Acceptable)
6700 Broken Sound Parkway NW
Suite 200
City Boca Raton FL Zip Code 33487

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☒ Delete
NAME PARKER, DAVID L
STREET ADDRESS 1489 W PALMETTO PARK RD STE 485
CITY-ST-ZIP BOCA RATON 33 486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 D ☐ Change ☒ Addition
NAME Steven G. Rose
STREET ADDRESS 2717 W. Cypress Creek Road
CITY-ST-ZIP Fort Lauderdale, FL 33309

TITLE D ☐ Change ☒ Addition
NAME Philip Stickles
STREET ADDRESS 2717 W Cypress Creek Rd
CITY-ST-ZIP Ft Lauderdale, FL 33309

TITLE D ☐ Change ☒ Addition
NAME Karen Hood
STREET ADDRESS 2717 W Cypress Creek RD
CITY-ST-ZIP Ft Lauderdale, FL 33309

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

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

TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #

954-969-0658