

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90013 010 \*\*\*150.00

**DOCUMENT # P99000026909**

1. Entity Name

**WORLDWIDE FINANCE CORP.**

Principal Place of Business

Mailing Address

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

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  
 65-0910627

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

7. Name and Address of New Registered Agent

CANTOR, SAMUEL J  
 1489 W PALMETTO PARK RD  
 SUITE 485  
 BOCA RATON FL 33486

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 *Samuel J. Cantor*  
Signature, typed or printed name of registered agent and title if applicable

DATE *1/26/00*

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	PARKER, DAVID L	1489 W PALMETTO PARK RD STE 485	BOCA RATON FL 33486	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	Steven G. Rose	2717 W. Cypress Creek Road	Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	Philip Stickle	2717 W Cypress Creek Rd	Ft Lauderdale, FL 33309	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Karen Hood	2717 W Cypress Creek Rd	Ft Lauderdale, FL 33309	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Samuel J. Cantor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/4/00*

Daytime Phone # *954 969 0658*

CR2E034 (9/99)