

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90007 046 ***150.00

DOCUMENT # P99000026909
 1. Entity Name
WORLDWIDE FINANCE CORP.

Principal Place of Business 2717 W CYPRESS CREEK RD FORT LAUDERDALE FL 33309 US	Mailing Address 2717 W CYPRESS CREEK RD FORT LAUDERDALE FL 33309 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0910627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CANTOR, SAMUEL J
6700 BROKEN SOUND PKWY NW
STE 200
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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. (NOT Registered Agent's 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, 2001 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	<input type="checkbox"/> Delete
NAME	GUROSE, STEVEN	
STREET ADDRESS	2717 W CYPRESS CREEK RD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STICKLES, PHILIP	
STREET ADDRESS	2717 W CYPRESS CREEK RD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOOD, KAREN	
STREET ADDRESS	2717 W CYPRESS CREEK RD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parker, David L.	
STREET ADDRESS	2717 W. Cypress Creek Rd	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Halikman, Jennifer	
STREET ADDRESS	2717 W. Cypress Creek Rd	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lo, Christine	
STREET ADDRESS	2717 W. Cypress Creek Rd	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: David L. Parker, Director **DAVID L. PARKER, DIRECTOR** **3-15-01** **1-954-969-9509**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

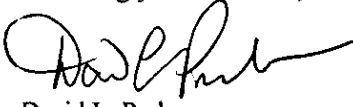
Attachment
D# P990002123
A072005

WOLRD WIDE FINANCE, CORP.
2717 West Cypress Creek Road
Ft. Lauderdale, FL 33309
(954) 969-9509

To Whom It May Concern,

Pursuant to my phone conversation with Marie @ (850)- 488-9000, I am requesting you waive the late fees for the URB filing attached for Year 2001. To our surprise upon termination of our CFO we found the checks and forms had not been mailed on time. This unfortunate act by our ex-CFO was only recently found at which time I spoke to Marie at the aforementioned phone and she suggested I write this letter asking for your help and consideration.

Thanking you in advance,



David L. Parker
Director