

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031781

1. Entity Name

WORLDWIDE WAYPOINTS, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90063 005 \*\*\*150.00

Principal Place of Business  
405 CENTRAL AVE., SUITE 301  
ST. PETERSBURG FL 33701

Mailing Address  
405 CENTRAL AVE., SUITE 301  
ST. PETERSBURG FL 33701-1016

2. Principal Place of Business  
870-13th AVE N

3. Mailing Address  
PO. Box 76255

Suite, Apt. #, etc.  
2B

Suite, Apt. #, etc.

City & State  
ST PETERSBURG FL

City & State  
ST Petersburg FL

4. FEI Number  
59-3576348

Applied For  
Not Applicable

Zip  
33701

Country  
Puerto Rico

Zip  
33734

Country  
Puerto Rico

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

BESTULIC, LIVIO  
405 CENTRAL AVE., SUITE 301  
ST. PETERSBURG FL 33701

Name  
BESTULIC, LIVIO  
Street Address (P.O. Box Number is Not Acceptable)  
870-13th AVE N. #2B  
City  
ST PETERSBURG FL Zip Code  
33701

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BESTULIC, LIVIO  
405 CENTRAL AVE., SUITE 301  
ST. PETERSBURG FL 33701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BESTULIC, Livio  
870-13th AVE N. #2B  
ST Petersburg FL 33701 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 #

CR2E034 (9/99)