2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State
09-13-2001 90006 049 ***550.00

DOCUMENT # P99000049866

1. Entity Name
WORLD WIDE TALENT RESEARCH INC.

Principal Place of Business	Mailing Address
4630 S. KIRKMAN RD., Suite 296 ORLANDO, FL 32811	

978402

2. Principal Place of Business	3. Mailing Address
4630 S. KIRKMAN RD	
Suite, Apt. #, etc. 296	Suite, Apt. #, etc.
City & State ORLANDO	City & State
Zip 32811 Country ORANGE	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2471057 ☐ Applied For ☐ Not Applicable

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
MARIO Aleksic 4701 HEARTHSIDE DR. ORLANDO, FL 32837	Name KAI POEPLAU Street Address (P.O. Box Number is Not Acceptable) 4630 S. KIRKMAN RD, Suite 296 City ORLANDO FL Zip Code 32811

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 KAI POEPLAU Kai Poeplau 9/10/01
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KAI POEPLAU 4630 S. KIRKMAN RD. # 296 ORLANDO, FL 32811	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MARIA ANTONIA 4630 S. KIRKMAN RD. # 296 ORLANDO, FL 32811	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: KAI POEPLAU Kai Poeplau 9/10/01 (407) 227-4721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #