

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056706

1. Entity Name

WORLDWIDE SHIPPING SOLUTIONS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90048 020 ***158.75

Principal Place of Business

Mailing Address

3116 NORTH FEDERAL HIGHWAY
PMB 263
LIGHTHOUSE POINTE FL 33064

3116 NORTH FEDERAL HIGHWAY
PMB 263
LIGHTHOUSE POINTE FL 33064-6738

2. Principal Place of Business

3. Mailing Address

2191 N. Powerline Rd

2191 N. Powerline Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

Suite 2

Pompano Beach, FL

Pompano Beach, FL

Zip 33064

Zip 33064

Country US

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0929118

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

(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)

X

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	PTD	<input type="checkbox"/> Delete
NAME	FACCINI, SHANNON L	
STREET ADDRESS	3116 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	LIGHTHOUSE POINTE FL 33064	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LISTON, MARK J	
STREET ADDRESS	3116 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	LIGHTHOUSE POINTE FL 33064	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FACCINI, DAVID R	
STREET ADDRESS	3116 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	LIGHTHOUSE POINTE FL 33064	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered

SIGNATURE:

Shannon Faccini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00 1-954-975-3818

CR2E034 (9/99)