2000 ANN. UBR BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State
05-30-2000 90108 007 ***150.00

DOCUMENT # P99000059652

1. Entity Name: WORLDWIDE NETWORK MARKETING, INC.

Principal Place of Business: 13499 BISCAYNE BLVD Suite 1209, N. MIAMI, FL 33181

Mailing Address:

H00101789

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DO NOT WRITE IN THIS SPACE

FEI Number: 65-0931588 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: WEINSTEIN, JACK, 13499 BISCAYNE BLVD #1209, N. MIAMI FL 33181

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 (type or print name of registered agent and title if applicable). (NOTE: Registered Agent signature required when resigning) X 5/1/00 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

Title	Name	Street Address	City-St-Zip	
PSID	WEINSTEIN, JACK	13499 BISCAYNE BLVD # 1209	N. MIAMI FL 33181	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title	Name	Street Address	City-St-Zip	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

CR2E024 (9/99)

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: X 5/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #