

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000062828

1. Entity Name

WORLDWIDE SURPLUS, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

05-19-2000 90031 030 ***150.00

Principal Place of Business

Mailing Address

3595 NORTH DIXIE HIGHWAY
SUITE #7
BOCA RATON FL 33431

3595 NORTH DIXIE HIGHWAY
SUITE #7
BOCA RATON FL 33431-5936

2. Principal Place of Business

3. Mailing Address

3100 NW Boca Raton Blvd
Suite, Apt. # etc.
#109

P.O. Box 871-567
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Boca Raton FL
Zip 33431 Country

Boca Raton FL
Zip 33481 Country

4. FEI Number

65-0933414

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

CORPORATE CREATIONS ENTERPRISES, INC.

941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name Mitchell Daniel

Street Address (P.O. Box Number is Not Acceptable)

3100 NW Boca Raton Blvd
#109

City Boca Raton

FL

Zip Code

33431

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	D	<input type="checkbox"/> Delete
NAME	LUNA, RAMON	
STREET ADDRESS	3595 NORTH DIXIE HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	President	<input type="checkbox"/> Delete
NAME	Mitchell Daniel	
STREET ADDRESS	3100 NW Boca Raton Blvd #109	
CITY-ST-ZIP	Boca Raton FL 33431	
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		
TITLE		<input type="checkbox"/> Delete
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		
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

561-620-
8628

Daytime Phone #

CR2E034 (9/99)