

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90091 025 ***558.75

DOCUMENT # P99000095564

1. Entity Name

WORLDNET MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1299 E. COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33334

1299 E. COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33334-4813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0957615

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

~~CAPITAL CONNECTION, INC.~~
~~417 E. VIRGINIA ST., SUITE T~~
~~TALLAHASSEE FL 32301~~

Name

PAULA J. GAMBRILL

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

1299 E. COMMERCIAL BLVD.

City
 FT. LAUDERDALE

FL

Zip Code
 33334

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 ☐ Delete

NAME
 D
 GAMBRILL, PAULA J
 STREET ADDRESS
 1299 E. COMMERCIAL BLVD.
 CITY-ST-ZIP
 FT. LAUDERDALE FL 33334

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULA J. GAMBRILL, PRESIDENT

Date

Daytime Phone #

5/1/00 954 4536000

CR2E034 (9/99)