

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108799

1. Entity Name

WORLDWIDE WATCH CONNECTIONS, CORP

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90113 042 ***150.00

Principal Place of Business

Mailing Address

8816 COLLINS AVE #203
 SURFSIDE FL 33154

8816 COLLINS AVE #203
 SURFSIDE FL 33154

2. Principal Place of Business

8816 Collins Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

suite 203

City & State

City & State

Miami Beach

Zip
 33154

Country
 US

Zip

Country

4. FEI Number

APPLIED FOR

☒ 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

SHAFFMAN, RAVEN
 8816 COLLINS AVE #203
 SURFSIDE FL 33154

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) ☒

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
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 RAVEN SHAFFMAN - President
 8816 Collins #suite 203
 Miami Beach, FL 33154

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 Lorena Shaffman - Vice President
 8816 Collins suite 203
 Miami Beach FL 33154

TITLE
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 STREET ADDRESS
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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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)