

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90341 015 ***150.00

DOCUMENT # V34393

1. Entity Name

WORLDWIDE LENDING CORPORATION

Principal Place of Business

2655 LE JEUNE ROAD
 SUITE 709
 CORAL GABLES FL 33134
 US

Mailing Address

2655 LE JEUNE ROAD
 SUITE 709
 CORAL GABLES FL 33134
 US

2. Principal Place of Business

1550 MADRUGA AVE
 Suite, Apt. #, etc.
 SUITE 330

3. Mailing Address

1550 MADRUGA AVE.
 Suite, Apt. #, etc.
 SUITE 330

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

65-0330198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GAVIRIA, JOSE M.
 2655 LE JEUNE ROAD
 SUITE 709
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

GAVIRIA, JOSE M.

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

1550 MADRUGA AVE., SUITE 330

City

CORAL GABLES

FL

Zip Code

33146

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

Joe Fian

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/01

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, 2001 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 **P** ☐ Delete
 NAME **GAVIRIA, JOSE M**
 STREET ADDRESS **2655 S. LE JEUNE RD., SUITE 709**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **-P** ☒ Change ☐ Addition
 NAME **GAVIRIA, JOSE M.**
 STREET ADDRESS **1550 MADRUGA AVE, SUITE 330**
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

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

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

TITLE ☐ Change ☐ Addition
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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:

Joe Fian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

305-740-7878

Daytime Phone #

CR2E034 (10/00)