2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P0000046486 1. Entity Name WEBS TO BE, INC. 04-19-2001 90031 011 ***150.00 Principal Place of Business Mailing Address 860 WEST 35 STREET 860 WEST 35 STREET HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address 2895 SW 127 AVENUE 2895 SW 127 AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number MIRAMAR FL MIRAMAR Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33027 33027 U.S.A. U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name BRAVO, CARLOS BRAVO, CARLOS J Street Address (P.O. Box Number is Not Acceptable) 860 WEST 35 STREET HIALEAH FL 33012 2895 SW 127 **AVENUE** City Zip Code MIRAMAR <u>33</u>027 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 stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Person Change ▼ Addition ☐ Delete TITLE TITLE HERNAH LUNA, 3 NAME NAME 16236 NW 78TH GURT STREET ADDRESS STREET ADDRESS MIAHILAKES, FL 33016 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change **Addition** TITLE TITLE NAME NAME CARLOS J. BRANO 2895 SW 127 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR, FL 33027 Delete T Chánge Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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

CARIOS J. BRAVO