

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0174623 AV

04-08-2002 90237 031 ***150.00

DOCUMENT # P98000034211

1. Entity Name
 WRIWEBS.COM, INC.

Principal Place of Business
 100 E. SAMPLE ROAD
 SUITE 210
 POMPANO BEACH FL 33064

Mailing Address
 100 E. SAMPLE ROAD
 SUITE 210
 POMPANO BEACH FL 33064



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0827698

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVY, JEFFREY B
 LEVY & SHERMAN, P.A.
 100 S.E. 6TH STREET
 FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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 _____ (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, 2002 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 ☐ Delete
 NAME CEO
 STREET ADDRESS CAPATA, MICHAEL A
 CITY-ST-ZIP 100 E. SAMPLE ROAD, STE. 210
 POMPANO BEACH FL 33064

TITLE ☐ Delete
 NAME S
 STREET ADDRESS LEVY, JEFFREY B
 CITY-ST-ZIP 100 E. SAMPLE ROAD, STE. 210
 POMPANO BEACH FL 33064

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GRANT, JONATHAN
 CITY-ST-ZIP 100 E. SAMPLE ROAD, STE. 210
 POMPANO BEACH FL 33064

TITLE ☒ Delete
 NAME D
 STREET ADDRESS COLE, ROBERT
 CITY-ST-ZIP 100 E. SAMPLE ROAD, STE. 210
 POMPANO BEACH FL 33064

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME Vanessa Lindsay
 STREET ADDRESS 1941 Southwest 51st Terrace
 CITY-ST-ZIP Deltona, FL 32744

TITLE ☐ Change ☒ Addition
 NAME Anthony J. Capata
 STREET ADDRESS 22385 Ocala Drive
 CITY-ST-ZIP Boca Raton FL 33433

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02

954-561-0201

CR2E034 (9/01)