FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91756 001 ***150.00

673000

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097514

1. Entity Name
WEBDESIGN2020.COM, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2951 NE 185 STREET	PO BOX 2926
Suite, Apt. #, etc. # 2004	Suite, Apt. #, etc.
City & State AVENTURA, FL	City & State HALLANDALE, FL
Zip 33180 Country USA	Zip 33008 Country USA

4. FEI Number 65-0961241 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name VANDEWOUW, DAVE

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

2951 NE 185 STREET 2004

City AVENTURA FL Zip Code 33180

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 _____ DATE 04-29-02

Signature, typed or printed name of individual with authority to sign and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST. VANDEWOUW, DAVE 2951 NE 185 STREET #2004 AVENTURA FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RONALD STEVENS. 17911 COLLINS AVE #1208. SUNNY ISLES FL 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VANDERLEM STANLEY 17911 COLLINS AVE #1608. SUNNY ISLES FL 33160
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CR2E034B (12/01)

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

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SIGNATURE: _____ 04-29-02 Date 708062 78

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #