

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91590 044 ***150.00

DOCUMENT # F00000002084

1. Entity Name

WEBMARKETING.NU, INC.

Principal Place of Business

Mailing Address

**1500 BAY ROAD
 SUITE 838
 MIAMI BEACH FL 33139**

**1500 BAY ROAD
 SUITE 838
 MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

101 Lincoln Road
 Suite/Apt. #, etc.
104

101 Lincoln Road
 Suite/Apt. #, etc.
104

City & State
Miami Beach
 Zip
33139
 Country
USA

City & State
Miami Beach
 Zip
33139
 Country
USA

4. FEI Number **23-2985760**

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

**FREY, AIME L
 1500 BAY ROAD
 SUITE 838
 MIAMI BEACH FL 33139**

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

AIME L FREY

4/17/01

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

(NOTE: Registered Agent signature is required when re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FREY, AIME L	
STREET ADDRESS	1500 BAY ROAD SUITE 838	
CITY-STATE-ZIP	MIAMI BEACH FL 33139	
TITLE	V	<input type="checkbox"/> Delete
NAME	KONIA, BRADLEY S	
STREET ADDRESS	1500 BAY ROAD SUITE 838	
CITY-STATE-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
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CITY-STATE-ZIP		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

AIME L FREY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AIME L FREY

4/17/01

305 532-4277

Date

Daytime Phone #

CR2E034 (10/00)