

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 21, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000004115**1. Entity Name  
NUWEB SOLUTIONS, INC.

Principal Place of Business 1985 N.W. 18TH STREET  POMPANO BEACH FL 33069	Mailing Address 1985 N.W. 18TH STREET  POMPANO BEACH FL 33069
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2. Principal Place of Business 2851 HAMMONDVILLE ROAD	3. Mailing Address 545 MADISON AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc. 6TH FLOOR
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City & State POMPANO BEACH FL	City & State NEW YORK NY
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Zip 33069	Country	Zip 10022	Country
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4. FEI Number <b>13-3490803</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

MARCUS BERNARD M  
1985 N.W. 18TH STREET  
  
POMPANO BEACH FL 33069

**7. Name and Address of New Registered Agent**

Name  
MARCUS BERNARD M  
Street Address (P.O. Box Number is Not Acceptable)  
2851 HAMMONDVILLE ROAD  
  
City  
POMPANO BEACH FL Zip Code  
33069

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 \_\_\_\_\_ **09/21/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENTHAL DARREN 1985 N.W. 18TH STREET POMPANO BEACH FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO CHANDLER ANDREW 1985 N.W. 18TH STREET POMPANO BEACH FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARCUS BERNARD 1985 N.W. 18TH STREET POMPANO BEACH FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CICCORICCO MICHAEL 545 MADISON AVENUE, 6TH FLOOR NEW YORK NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OTTAVIANO ANTHONY 545 MADISON AVENUE, 6TH FLOOR NEW YORK NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARCUS BERNARD 545 MADISON AVENUE, 6TH FLOOR NEW YORK NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Anthony Ottaviano

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09/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)