FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment will

## Mar 28, 2001 8:00 am DOCUMENT # F0000006823 1. Entity Name **Secretary of State** WEBZONE, COM, INC. 03-28-2001 90221 017 \*\*\*158.75 Principal Place of Business Mailing Address 201 SOUTH BISCAYNE BLVD., SUITE 3400 201 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address IIII BRICKELL BAY DRIVE IIII BRICKELL BAY DRIVE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 井 1103 #1103 City & State Applied For APPLIED FOR FLORIDA FLORIDA IMAIM MIAMI Not Applicable 52-225 \$8.75 Additional WSA 5. Certificate of Status Desired 33131 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALEJANDRO GRIMALDI CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 IIII BRICKELL BAY DR. SUITE 163 to the purpose of changing its registered office or registered agent, or both, in the State of Florida 3-22-01 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. -10. Election Campaign Financing \$5:00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition X Delete ☐ Change TITLE NAME NAME GRIMALDI, ALEJANDRO STREET ADDRESS STREET ADDRESS 201 SOUTH BISCAYNE BLVD., SUITE 3400 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Addition TITLE Change GRIHALDI, ALEJANDRO NAME STREET ADDRESS STREET ADDRESS MIGMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition ENRIQUE R. BUSTILLO NAME NAME 540 S.W. BB PLACE WEST STREET ADDRESS STREET ADDRESS MANI, FL 33174 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 of 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