

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90171 007 ***150.00

DOCUMENT # F00000006823

1. Entity Name
WEBZONE.COM, INC.



Principal Place of Business
1111 BRICKELL BAY DRIVE
#1103
MIAMI FL 33131

Mailing Address
1111 BRICKELL BAY DRIVE
#1103
MIAMI FL 33131



2. Principal Place of Business

888 BRICKELL KEY DRIVE

Suite, Apt., etc.

3008

City & State
MIAMI

Zip
33131

Country
US

3. Mailing Address

888 BRICKELL KEY DRIVE

Suite, Apt., etc.

3008

City & State
MIAMI

Zip
33131

Country
US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2252229**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRIMALDI, ALEJANDRO
1111 BRICKELL BAY DR
SUITE 163
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **GRIMALDI, ALEJANDRO**
Street Address (P.O. Box Number is Not Acceptable)
888 BRICKELL KEY DRIVE, #3008
MIAMI
City **MIAMI** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ALEJANDRO GRIMALDI** DATE **2/24/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete
NAME **GRIMALDI, ALEJANDRO**
STREET ADDRESS **1111 BRICKELL BAY DR SUITE 1103**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** ☐ Delete
NAME **BOSTILLO, ENRIQUE R**
STREET ADDRESS **540 SW 88 PLACE WEST**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE OF ALEJANDRO GRIMALDI** DATE **2/24/03** DAYTIME PHONE # **305 377 3050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

010623 AV

CR2E034 (10/02)