

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000920

1. Entity Name

WEB FINANCIAL SERVICES CORPORATION

FILED

Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90017 035 ***150.00

Principal Place of Business

Mailing Address

170 NORTH OCEAN BLVD., NO. 510
PALM BEACH FL 33480

170 NORTH OCEAN BLVD., NO. 510
PALM BEACH FL 33480-3946

6827 VISTA PARKWAY North
West Palm Beach 33411-2702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach FL

West Palm Beach FL

Zip

Country

Zip

Country

33411-2702 Palm Beach

33411-2702 Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZALEZNIK, ABRAHAM
170 NORTH OCEAN BLVD., NO. 510
PALM BEACH FL 33480

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 CP
NAME ZALEZNIK, ABRAHAM
STREET ADDRESS 170 NORTH OCEAN BLVD., NO. 510
CITY-ST-ZIP PALM BEACH FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME NOEL, WILLIAM R
STREET ADDRESS 170 NORTH OCEAN BLVD., NO. 510
CITY-ST-ZIP PALM BEACH FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME GOLDSTEIN, LEE DAVID
STREET ADDRESS 3120 SOUTH OCEAN BEACH BLVD.
CITY-ST-ZIP PALM BEACH FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME BENMOHA, JACKY
STREET ADDRESS 1130 LAKE SHORE DRIVE NO. 202
CITY-ST-ZIP LAKE PARK FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME ICE, JEFFREY L
STREET ADDRESS 16610 TEMPLE BLVD.
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME LAMARTIN, WILLIAM F
STREET ADDRESS 1663 BRANDYWINE ROAD #5218
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE
NAME
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 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 information provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)