

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003427

1. Entity Name

VIRTUALCOM WWW, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90126 037 ***150.00

Principal Place of Business

Mailing Address

BLUE LAGOON DRIVE, SUITE #330
FL 33126

6161 BLUE LAGOON DRIVE, SUITE #330
MIAMI FL 33126-2047

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0888693

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PUENTE, JOHN W
6161 BLUE LAGOON DRIVE, SUITE 330
MIAMI FL 33126

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 PDS ☐ Delete
NAME PUENTE, JOHN W
STREET ADDRESS 6161 BLUE LAGOON DRIVE, #330
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE COO ☒ Delete
NAME PUENTE, JOHN W
STREET ADDRESS 6161 BLUE LAGOON DRIVE, #330
CITY-ST-ZIP MIAMI FL 33126

TITLE COO ☒ Change ☐ Addition
NAME Paul D. Mueller
STREET ADDRESS 6161 Blue Lagoon Dr. Ste. 330
CITY-ST-ZIP Miami, FL 33126

TITLE CEO ☐ Delete
NAME SCHUMMER, ERIC
STREET ADDRESS 6161 BLUE LAGOON DRIVE, #330
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete
NAME MARSHALL, EDGAR
STREET ADDRESS 6161 BLUE LAGOON DRIVE, #330
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Chairman/Director ☐ Delete
NAME John G. Puente
STREET ADDRESS 6161 Blue Lagoon Dr.
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ Change ☒ Addition
NAME ☐ Change ☒ Addition
STREET ADDRESS ☐ Change ☒ Addition
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE Director ☐ Delete
NAME Michael Smith
STREET ADDRESS 6161 Blue Lagoon Dr
CITY-ST-ZIP Miami FL 33126

TITLE ☐ Change ☒ Addition
NAME ☐ Change ☒ Addition
STREET ADDRESS ☐ Change ☒ Addition
CITY-ST-ZIP ☐ Change ☒ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/00 (305) 266-6911

CR2E034 (9/99)