

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003427

1. Entity Name
VIRTUALCOM WWW, INC.

Principal Place of Business

6161 BLUE LAGOON DRIVE, SUITE #330
MIAMI FL 33126

Mailing Address

6161 BLUE LAGOON DRIVE, SUITE #330
MIAMI FL 33126

CO #

COST

NATL

PROI

MARI

PRO.

G/L DATE: 4/07

ENTERED DATE: 4/18/01

POS

RX:

FILED

Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90010 020 ***150.00

2. Principal Place of Business

8420 NW 52nd street

3. Mailing Address

8420 NW 52nd street

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33166

Country

USA

Zip

33166

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0888693

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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)

8420 NW 52nd St # 101

City

Miami

FL

Zip Code

33166

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.

3450 Lakeside Dr, Ste. 301
Miami, FL 33027

SIGNATURE

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

(NO 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
MUELLER, PAUL D
6161 BLUE LAGOON DR. STE 330
MIAMI FL 33126

☒ Delete

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

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CSS & Vice-Chairman ☒ Change ☐ Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Officer / CFO
Thomas DeFazio
8420 NW 52nd St
Miami, FL 33166 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
PUENTE, JOHN G
6161 BLUE LAGOON DR.
MIAMI FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~Officer / Controller~~
1 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, MICHAEL
6161 BLUE LAGOON DR.
MIAMI FL 33126

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Officer / Controller
Daniel DeFazio
8420 NW 52nd St
Miami, FL 33166 ☐ 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 an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/01