

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004713

1. Entity Name
S. AND M. WEB ENTERPRISES, L.L.C.

FILED

01 APR 24 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
320 TORCHWOOD AVENUE
PLANTATION FL 33324

Mailing Address
320 TORCHWOOD AVENUE
PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1013501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPIDUS, MICHAEL
320 TORCHWOOD AVENUE
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
MGRM LIPIDUS, MICHAEL
STREET ADDRESS
320 TORCHWOOD AVENUE
CITY-ST-ZIP
PLANTATION FL 33324 ☐ Delete

TITLE NAME
700004137557-00 ☐ Change ☐ Addition
STREET ADDRESS
-05/04/01--01112--009
CITY-ST-ZIP
*****50.00 *****50.00

TITLE NAME
MGRM LIPIDUS, SUSAN
STREET ADDRESS
320 TORCHWOOD AVENUE
CITY-ST-ZIP
PLANTATION FL 33324 ☐ Delete

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

TITLE NAME
☐ Delete

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

TITLE NAME
☐ Delete

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

TITLE NAME
☐ Delete

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

TITLE NAME
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)