

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90053 002 ****50.00

DOCUMENT # L02000007079

1. Entity Name

WEBCOMMERCE, L.L.C.



Principal Place of Business

**888 SOUTHEAST THIRD AVE. SUITE #400
FT. LAUDERDALE FL 33316**

Mailing Address

**888 SOUTHEAST THIRD AVE. SUITE #400
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

911 RAVEN AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

MIAMI SPRINGS

33166

USA

4. FEI Number

02-0576655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LARRY J. BEHAR, P.A.
888 SOUTHEAST THIRD AVE. SUITE #400
FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **JULIO BEKER**

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

911 RAVEN AVE

City **MIAMI SPRINGS**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2/14/03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **JULIO BEKER - DIRECTOR** ☐ Delete
NAME
STREET ADDRESS **911 RAVEN AVE**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

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

Date

Daytime Phone #

02/14/03 (305) 961-8408

CR2E083 (10/02)