

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
 1. Entity Name
 WEB STOP, LLC

L0300002624

FILED
 04 JAN -8 AM 9:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address (SAME)
 1920 E. Hallandale Beach Blvd.
 Suite 506
 Hallandale Beach, FL 33009

2. Principal Place of Business 3. Mailing Address
 1920 E. Hallandale Bch. SAME
 Suite, Apt. #, etc. Blvd. Suite, Apt. #, etc.

City & State City & State
 Hallandale Bch. FL
 Zip Country Zip Country
 33009 USA

4. FEI Number 37-1456816
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DANIEL TOUIZER
 20801 BISCAYNE BLVD.
 SUITE 403
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent
 Name ELAINE M. FREMER
 Street Address (P.O. Box Number is Not Acceptable)
 1920 East Hallandale Beach Blvd.
 City Hallandale Beach FL Zip Code 33009

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 *Elaine M. Fremer* ELAINE M. FREMER 12-10-03

FILE NUMBER: 400027117904
 01/16/04--01066--002 **50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input checked="" type="checkbox"/> Delete Daniel Touizer 20801 Biscayne Blvd. Ste 403 Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Elaine M. Fremer 1920 East Hallandale Beach Blvd. Hallandale Bch. FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption listed in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *Elaine M. Fremer* 12-10-03
 ELAINE M. FREMER

2004 AL

CR2E03 (1/99)