## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1.99000000653  1. Entity Name					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
WEBIEL SOLUTIONS, L.C.				DIVISION OF CORPORATIONS			
					00 JUL 12 PM 1:25		
Principal Place of Business Mailing Address							
1561 S CONCRESS AVE, SUITE 233 DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445				mf			
	ace of Business CN LAKES BLVD	3. Mailing Address 1920B LINION LAKES BLVD					
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE		
City & State DELRAY BEACH, FL 33/445		City & State DFLRAY BFACE, FL 33445		-	4. FEI Number 65-0908999	<b>→</b>	oplied For ot Applicable
Zip	Country	Zip ·	Country		5. Certificate of Status Desired	\$5.00 Add	
33445	6. Name and Address of Current R	33/45			7. Name and Address of New Registered	Fee Require	0
Name							
GEOFFREY S MOMBACH, ESQ Street Address					P.O. Box Number is Not Acceptable)		
500 FAST BROWARD BLVD, SUITE 1950							
FORT LAUDERDALE, FL 33394							
			City		FI	Zip Cod	е
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.							
5. The above harried entity administrate the statement for the purpose of charging its registered chief of registered agent, or bear, in the state of recipal							
SIGNATURE    Supplies based or printed page of registered exect and title if applicable (NOTF: Registered Agent signature required when reinstating)   DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE							
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		Make Check Pay	able to Depa	irtment o	f State		
9.	MANAGING MEMBE	RS/MEMBERS	<b>i</b> 10.		ADDITIONS/CHANGE	s	
TITLE	MGRM	☐ Delete	TITLE			K Change	Addition
NAME	BARON, MALIREEN T	- 000	NAME	1000	. T.		
STREET ADDRESS CITY-ST-ZIP	1561 S CONGRESS AVE, SUIT	E 233	STREET ADDRES		B LINION LAKES BLVD		
1	DELRAY REACH, FL 33445	☐ Delete	TITLE		AY BEACH, FL 33445	K Change	Addition
TITLE NAME	JACOVITZ, RICHARD H	☐ Delete	NAME		<i>•</i>		
STREET ADDRESS	1561 S CONGRESS AVE, SUIT	E 233	STREET ADDRES	is   1920	B LINION LAKES BLVD		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	DELR	AY BFACH, FL 33445		
TITLE		☐ Delete	TITLE — NAME			☐ Change	Addition
NAME STREET ADDRESS		•	STREET ADDRES	ss	500003321 -07/19/00	7175	202
CITY-ST-ZIP			CITY-ST-ZIP,		ーリアスは1978リー 		. <u>50 00 </u>
TITLE		☐ Delete	TITLE		***************************************	☐ Change	Addition
NAME			NAME STREET ADDRES	:0			
STRUET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
TITLE ' <b>J</b>		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	SS	•		
		☐ Delete	TITLE		<del></del>	Change	☐ Addition
TITLE NAME		□ Delete	NAME				
STREET ADDRESS			STREET ADDRES	is _	•		
CITY-ST-ZIP			CITY-ST-ZIP		- 140 PT(N) Ft - 1 - 0 - 1 - 1 - 1		nformation
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.							

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER