

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 199000000653

1. Entity Name

WEBTEL SOLUTIONS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 12 PM 1:25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1561 S CONGRESS AVE, SUITE 233
DELRAY BEACH, FL 33445

Mailing Address

1561 S CONGRESS AVE, SUITE 233
DELRAY BEACH, FL 33445

2. Principal Place of Business

1920B LINCOLN LAKES BLVD

3. Mailing Address

1920B LINCOLN LAKES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL 33445

City & State

DELRAY BEACH, FL 33445

4. FEI Number

65-0908999

Applied For

Not Applicable

Zip
33445

Country

Zip
33445

Country

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

Name

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

City

FL

Zip Code

GEOFFREY S MOMBACH, ESQ
500 EAST BROWARD BLVD, SUITE 1950
FORT LAUDERDALE, FL 33394

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BARON, MAUREEN T	
STREET ADDRESS	1561 S CONGRESS AVE, SUITE 233	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JACOVITZ, RICHARD H	
STREET ADDRESS	1561 S CONGRESS AVE, SUITE 233	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1920 B LINCOLN LAKES BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1920 B LINCOLN LAKES BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)