

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L990000002276**

1. Entity Name
4WEBMED, LLC

FILED

01 FEB -8 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3665 NE 167TH STREET, SUITE 205
NORTH MIAMI BEACH FL 33160**

Mailing Address
**3665 NE 167TH STREET, SUITE 205
NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0957286**

Applied For
Not Applicable

Zip

Country

Zip

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

**TAMMARA, JONATHAN C
3665 NE 167TH STREET, SUITE 205
NORTH MIAMI BEACH FL 33160**

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 **MGR** *Pres* ☐ Delete
NAME **TAMMARA, JONATHAN C**
STREET ADDRESS **3665 NE 167TH STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE *Pres* ☒ Change ☐ Addition
NAME *Tammara, Jonathan*
STREET ADDRESS *3665 NE 167 street*
CITY-ST-ZIP *N. Miami Beach FL 33160*

TITLE *Sec* ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Secretary* ☒ Change ☐ Addition
NAME *Robert L. Tammara*
STREET ADDRESS *21150 NE 21 place*
CITY-ST-ZIP *N. Miami Beach FL 33179*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

Date

Daytime Phone #

02-05-01 954-441-9990

X103

CR2E083 (11/00)