

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004756

1. Entity Name
WEBSCAPE ASSOCIATES, LLC

FILED

00 JAN 12 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
17600 NE 7TH AVENUE
NORTH MIAMI BEACH FL 33162

Mailing Address
17600 NE 7TH AVENUE
NORTH MIAMI BEACH FL 33162-2024

2. Principal Place of Business
1031 IVES DAIRY RD.

3. Mailing Address
17600 NE 7th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

228

City & State
N. MIAMI BEACH, FL.

City & State
N. MIAMI BEACH, FLA.

4. FEI Number 65-0939191

Applied For
Not Applicable

Zip
33179

Country
USA

Zip
33162

Country
USA

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

SMOLARCIK, MAXIMO
17600 NE 7TH AVENUE
NORTH MIAMI BEACH FL 33162

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 *Maximo Smolarcik* - MAXIMO SMOLARCIK, MGRM

1/5/00

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
NAME MGRM
STREET ADDRESS SMOLARCIK, MAXIMO
CITY - ST - ZIP 17600 NE 7TH AVENUE
NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE
NAME 700003099737-6 ☐ Change ☐ Addition
STREET ADDRESS -01/14/00--01100--023
CITY - ST - ZIP *****55.00 *****55.00

TITLE
NAME MGRM
STREET ADDRESS LK INVESTMENT CO., LLC
CITY - ST - ZIP 25501 COLLEEN ST
OAK PARK MI 48237 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME ☐ Change ☐ Addition
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: *Maximo Smolarcik* MAXIMO SMOLARCIK

1/5/00 305-798-2207

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

Date

Daytime Phone #

CR2E083 (9/99)