

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 23 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007659

1. Entity Name
WEBVENTURES I, LLC

Principal Place of Business
3435 GALT OCEAN DRIVE
FT LAUDERDALE FL 33308

Mailing Address
3435 GALT OCEAN DRIVE
FT LAUDERDALE FL 33308-7003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

GLASSBERG, DAVID M
1570 MADRUGA AVE., STE 211
CORAL GABLES FL 33146

13615 SO. DIXIE Highway
#114-S14
MIAMI, FL 33176

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
NAME
STREET ADDRESS
CITY-ST-ZIP
THOMAS J. TAULE MGR
3435 Galt Ocean Drive
Ft. Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003287250-19
-06/13/00--01067--017.150
*****900.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Barry A. Rothman MGR
3435 Galt Ocean Drive
Ft. Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900003317409--6
-07/10/00--01824--022
*****50.00 *****50.00

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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 (9/99)