2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State
05-23-2001 90230 019 ***150.00

DOCUMENT # P00000037912

1. Entity Name
WEBPOINTE 2000

Principal Place of Business / Mailing Address
Cindy L Goldman
5311 Taylor St
Hollywood, FL 33021

[redacted]

74808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 361 Poinciana Island Dr
Suite, Apt. #, etc.:

3. Mailing Address: same as #2
Suite, Apt. #, etc.:

City & State: Sunny Isles Beach FL
Zip / Country: 33160

City & State:
Zip / Country:

4. FEI Number: 65-101-2848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Cindy Goldman
5311 Taylor St
Hollywood FL
33021

7. Name and Address of New Registered Agent

Name: CARIN KLEIN
Street Address (P.O. Box Number is Not Acceptable): 361 POINCIANA ISLAND Drive
City: Sunny Isles Beach FL Zip Code: 33160

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] 5/1/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so: ☑
(See criteria on back)

FILE NOW!!! Effective MAY 1 2001 Fees will be $550.00 Florida Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	President / Secretary Carin J. Klein 361 Poinciana Island Drive Sunny Isles Beach FL 33160	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Vice President / Treasurer Cindy L Goldman 5311 Taylor St. Hollywood FL 33021	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/1/01 305-762-3886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #