

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90242 017 ***150.00

DOCUMENT # P00000043744

1. Entity Name

WEB GOLD CORP.

Principal Place of Business

Mailing Address

36 NE 1st St. Suite 617.
Miami, FL 33132

7 BRICKELL AVE., STE. 1070

2. Principal Place of Business

3. Mailing Address

36 NE 1st St Suite #617 **36 NE 1st Suite #617**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

617

City & State

City & State

Miami, Florida

Miami FL 33132

4. FEI Number

Applied For

65-1014623

Not Applicable

Zip

Country

Zip

Country

33132 **FL**

33132 **FL**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTELLO, LOUIS R

36 NE 1st Suite # 617
Miami, FL 33132

Name

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

City

FL

Zip Code

8. If 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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to 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 **DVarela Jose Luis** ☐ Delete
NAME **VALERA, JOSE LUIS**
STREET ADDRESS **777 BRICKELL AVE., STE. 1070**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D VARELA JOSE Luis** ☒ Change ☐ Addition
NAME **VALERA, JOSE LUIS**
STREET ADDRESS **36 NE 1st St. Suite 617**
CITY-ST-ZIP **Miami, FL 33132**

TITLE ☐ Delete
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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: **X Jose Luis Valera**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/2001 **305-374-2618**

Date

Daytime Phone #

CR2E034 (10/00)