

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048577

1. Entity Name
ALLWEB, CORP.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90036 026 ***150.00

Principal Place of Business
815 N. HOMESTEAD BLVD., SUITE 214
HOMESTEAD FL 33030

Mailing Address
815 N. HOMESTEAD BLVD., SUITE 214
HOMESTEAD FL 33030

80001070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
815 N. Homestead Blvd.
Suite, Apt. #, etc.
214

3. Mailing Address
815 N. Homestead Blvd.
Suite, Apt. #, etc.
214

City & State
Homestead, FL

City & State
Homestead, FL

4. FEI Number
65-102 2623

Zip
33030

Country
USA

Zip
33030

Country
USA

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

NINO, JOSE FERNANDO
815 N. HOMESTEAD BLVD., SUITE 214
HOMESTEAD FL 33030

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	NINO, JOSE FERNANDO	
STREET ADDRESS	815 N. HOMESTEAD BLVD., SUITE 214	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	V	<input type="checkbox"/> Delete
NAME	NINO, MABEL	
STREET ADDRESS	815 N. HOMESTEAD BLVD., SUITE 214	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	V	<input type="checkbox"/> Delete
NAME	CORREA, MANUEL	
STREET ADDRESS	815 N. HOMESTEAD BLVD., SUITE 214	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Fernando Nino

04/19/01

Date

Daytime Phone #

CR2E034 (10/00)