

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90336 010 ***150.00

0252965 AV

DOCUMENT # P00000050170

1. Entity Name
WEB CD EXCHANGE, INC.



Principal Place of Business
**2103 CORAL WAY
SUITE 202
MIAMI FL 33145**

Mailing Address
**2103 CORAL WAY
SUITE 202
MIAMI FL 33145**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1063829**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLOMA, JORGE H
2103 CORAL WAY
SUITE 202
MIAMI FL 33145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLOMA, JORGE H 2103 CORAL WAY, SUITE 202 MIAMI FL 33145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BURDETTE, WILLIAM 6795 SW 74TH STREET SOUTH MIAMI FL 33143	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, E. JOSEPH 2103 CORAL WAY, SUITE 202 MIAMI FL 33145	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLOMA-DAVILA, VIVIAN 2013 CORAL WAY, SUITE 202 MIAMI FL 33145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOMAR KILNES LYFORD CAY CENTRE #3 P.O. BOX N-7776 NASSAU, BAHAMAS	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 2003 (305) 856-4228

Date Daytime Phone #

CR2E034 (10/02)