

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051807

1. Entity Name
WEBBPOINT CORP.

Principal Place of Business

Mailing Address

~~P.O. BOX 416651~~
~~MIAMI FL 33141~~

~~P.O. BOX 416651~~
~~MIAMI FL 33141~~

2. Principal Place of Business

3. Mailing Address

~~25 SE 2nd Avenue Suite 1000~~
~~Suite, Apt. #, etc.~~

~~25 SE 2nd Avenue Suite 1000~~
~~Suite, Apt. #, etc.~~

~~Suite 1000~~

~~Suite 1000~~

~~City & State~~
~~Miami, FL~~

~~City & State~~
~~Miami, FL~~

~~Zip~~
~~33131-1672~~

~~Country~~
~~Miami-Dade~~

~~Zip~~
~~33131-1672~~

~~Country~~
~~Miami-Dade~~

4. FEI Number
65-1011781

Applied For
Not Applicable

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

LIMA, PAULO
25 SE 2ND AVENUE, SUITE 305
MIAMI FL 33131-1509

Name **Lima, Paulo**
Street Address (P.O. Box Number is Not Acceptable)
25 SE 2nd Avenue
Suite 1000
City **Miami** FL Zip Code **33131-1672**

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

Paulo Lima

01/08/2001

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD LIMA, PAULO 25 SOUTHEAST 2 AVENUE #305 MIAMI FL 33131-1509	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIMA, SOLANGE 25 SOUTHEAST 2 AVENUE #305 MIAMI FL 33131-1509	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LIMA, PAULO 25 SE 2nd Ave Suite 1000 Miami, FL 33131-1672	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIMA, SOLANGE 25 SE 2nd Ave Suite 1000 Miami, FL 33131-1672	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIMA, PAULO M. 25 SE 2nd Ave Suite 1000 Miami, FL 33131-1672	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Paulo Lima, President

1/8/01

(305) 374-7576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)