

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000061402**1. Entity Name
LBI E WEB COMMUNITIES, INC.**Principal Place of Business**10100 W. SAMPLE ROAD
SUITE 401
CORAL SPRINGS
33065

FL

Mailing Address10100 W. SAMPLE ROAD
SUITE 401
CORAL SPRINGS
33065

FL

2. Principal Place of Business
2855 N UNIVERSITY DRIVE**3. Mailing Address**
2855 N UNIVERSITY DRIVESuite, Apt. #, etc.
SUITE 320Suite, Apt. #, etc.
SUITE 320City & State
CORAL SPRINGS

FL

City & State
CORAL SPRINGS

FL

Zip
33065

Country

Zip
33065

Country

4. FEI Number
65-1026679

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLOVITO PAUL
10100 W. SAMPLE ROAD
SUITE 401
CORAL SPRINGS
33065

FL

7. Name and Address of New Registered Agent

Name

LOVITO PAUL

Street Address (P.O. Box Number is Not Acceptable)
2855 N UNIVERSITY DRIVE

SUITE 320

City
CORAL SPRINGS

FL

Zip Code
33065**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 **PAUL LOVITO****04/25/2001**

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**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVITO DARRIN JD	
STREET ADDRESS	2855 N UNIVERSITY DRIVE SUITE 320	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVITO MARC AD	
STREET ADDRESS	2855 N UNIVERSITY DRIVE SUITE 320	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICETTI JOSEPH VP/D	
STREET ADDRESS	2855 N UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARABALLO JOSE VP/D	
STREET ADDRESS	2855 N UNIVERSITY DRIVE SUITE 320	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVITO PAUL FC	
STREET ADDRESS	2855 N UNIVERSITY DRIVE SUITE 320	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVITO MATTHEW JP/D	
STREET ADDRESS	2855 N UNIVERSITY DRIVE SUITE 320	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

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: MATTHEW J LOVITO**

P

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)