

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2002 8:00 am**  
**Secretary of State**

09-22-2002 90060 041 \*\*\*550.00

**DOCUMENT # P00000061402**

1. Entity Name  
**LBI E WEB COMMUNITIES, INC.**

Principal Place of Business

**2855 N UNIVERSITY DRIVE  
 SUITE 320  
 CORAL SPRINGS FL 33065**

Mailing Address

**2855 N UNIVERSITY DRIVE  
 SUITE 320  
 CORAL SPRINGS FL 33065**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**105 NW 13<sup>th</sup> Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address

**105 NW 13<sup>th</sup> Avenue**  
 Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

City & State

**Pompano Beach, FL**

4. FEI Number

**65-1026679**

Applied For

Not Applicable

Zip

**33069**

Country

**USA**

Zip

**33069**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LOVITO, PAUL  
 2855 N UNIVERSITY DRIVE  
 SUITE 320  
 CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

**LOVITO, PAUL**

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

**105 NW 13<sup>th</sup> Avenue**

City

**Pompano Beach FL**

Zip Code

**33069**

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

*[Signature]*  
 Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**9/16/02**  
 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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **D** ☐ Delete  
 NAME **LOVITO, MARC A D**  
 STREET ADDRESS **2855 N UNIVERSITY DRIVE SUITE 320**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☐ Delete  
 NAME **LOVITO, DARRIN J D**  
 STREET ADDRESS **2855 N UNIVERSITY DRIVE SUITE 320**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VP/D** ☐ Delete  
 NAME **RICETTI, JOSEPH VP/D**  
 STREET ADDRESS **2855 N UNIVERSITY DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **P/D** ☐ Delete  
 NAME **LOVITO, MATTHEW J P/D**  
 STREET ADDRESS **2855 N UNIVERSITY DRIVE SUITE 320**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **C** ☐ Delete  
 NAME **LOVITO, PAUL F C**  
 STREET ADDRESS **2855 N UNIVERSITY DRIVE SUITE 320**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VP/D** ☐ Delete  
 NAME **CARABALLO, JOSE VP/D**  
 STREET ADDRESS **2855 N UNIVERSITY DRIVE SUITE 320**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/16/02 (954) 346-5779**  
 Date Daytime Phone #

CR2E034 (4/02)