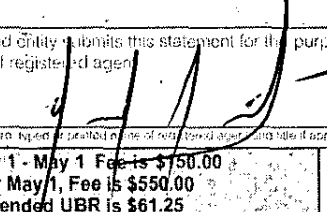
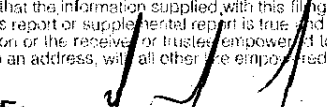


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90943 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073332			
1. Entity Name WEBS TRADES.COM, CORP			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 6532 SW 84 STREET Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MIAMI, FL 33143		City & State	
Zip 33143	Country USA	Zip	Country
4. FEI Number 65-1029062		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name OSCAR I. HENAO			
Street Address (P.O. Box Number is Not Acceptable) 6532 SW 84 STREET			
City MIAMI		FL	Zip Code 33143
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 		DATE APRIL 10, 2003	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE PD		TITLE	
NAME OSCAR I. HENAO		NAME	
STREET ADDRESS 6532 SW 84 STREET		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP	
TITLE SD		TITLE	
NAME FRANCIA SALAZAR		NAME	
STREET ADDRESS 6532 SW 84 STREET		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other fee empowered.			
SIGNATURE: 		DATE APRIL 10, 2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034B (12/02)