

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90157 014 ***150.00

DOCUMENT # P00000117823

1. Entity Name
WEBCRUZN, INC.

Principal Place of Business

**1797 NW 65TH AVE
MARGATE FL 33063**

Mailing Address

**1797 NW 65TH AVE
MARGATE FL 33063**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6700 Royal Palm Blvd.
Suite, Apt. #, etc.
#112**

3. Mailing Address

**6700 Royal Palm Blvd. #112
Suite, Apt. #, etc.
#112**

MARGATE, FLORIDA

MARGATE, FLORIDA

4. FEI Number **65-1081790**

Applied For
Not Applicable

Zip **33063**

Country **USA**

Zip **33063**

Country **USA**

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

6. Name and Address of Current Registered Agent

**ALISEO, JULIA MARIE
1797 NW 65TH AVE
MARGATE FL 33063**

7. Name and Address of New Registered Agent

**ALISEO, JULIA MARIE
Street Address (P.O. Box Number is Not Acceptable)
6700 Royal Palm Blvd. #112
City **MARGATE** **FL** Zip Code **33063****

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 **Julia Marie Aliseo** **JULIA MARIE ALISEO**

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	ALISEO, JULIA MARIE	
STREET ADDRESS	1797 NW 65TH AVE	
CITY-ST-ZIP	MARGATE FL 33063	
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
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	✓ P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALISEO, JULIA MARIE	
STREET ADDRESS	6700 Royal Palm Blvd. #112	
CITY-ST-ZIP	MARGATE, FLORIDA 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Julia Marie Aliseo** **JULIA MARIE ALISEO** **4-18-02** **954-899-8818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)