

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90378 032 \*\*\*150.00

**DOCUMENT # P01000039040**

1. Entity Name  
**WEBMASTER SOLUTIONS, INC.**

Principal Place of Business  
**1150 E. HALLANDALE BEACH BLVD., STE. A  
HALLANDALE BEACH FL 33009**

Mailing Address  
**1150 E. HALLANDALE BEACH BLVD., STE. A  
HALLANDALE BEACH FL 33009**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4100 Powerline Road**

3. Mailing Address  
**4100 Powerline Road**

Suite, Apt. #, etc.  
**Suite X 4**

Suite, Apt. #, etc.  
**Suite X 4**

City & State  
**Pompano Beach FL**

City & State  
**Pompano Beach FL**

4. FEI Number  
**65-1093571**

Applied For  
☐ Not Applicable

Zip  
**33073**

Country  
**BROWARD**

Zip  
**33073**

Country  
**BROWARD**

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

**OSHINSKY, LEONARD ESQ  
1150 E. HALLANDALE BEACH BLVD., STE. A  
HALLANDALE BEACH FL 33009**

Name  
**HECTOR ALEX NAVARRO**

Street Address (P.O. Box Number is Not Acceptable)  
**4100 N. Powerline Road**

**Suite X 4**

City  
**Pompano Beach**

FL

Zip Code  
**33073**

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 **HECTOR ALEX NAVARRO**

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

(NOTE: Registered Agent Signature required when reinstating)

**3/11/02**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CARDENA, JUAN  
7499 W. COUNTRY CLUB BLVD.  
BOCA RATON FL 33487** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT/DIRECTOR  
HECTOR A. NAVARRO  
4100 N. Powerline Road Suite X 4  
Pompano Beach, FL 33073** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CARRERO, FRANKLIN  
10117 SW 162 CT.  
MIAMI FL 33196** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CUMMIS, MARC  
11032 MALAYSIA CIR.  
BOYNTON BEACH FL 33437** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PERNER, ALEJANDRO  
8601 NW 45TH ST  
CORAL SPRINGS FL 33065** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
UZ, JAVIER DE LA  
4630 PALM VALLEY RD.  
PONTE VERDE BEACH FL 32082** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)