

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000094383

1. Entity Name
WEBUYWESELL INC.

Principal Place of Business
14539-D SOUTH MILITARY TRAIL
DELRAY FL 33484

Mailing Address
14539-D SOUTH MILITARY TRAIL
DELRAY FL 33484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PERLMAN, MADELAINE
14539-D SOUTH MILITARY TRAIL
DELRAY FL 33484

4. FICL Number

716933153

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PERLMAN, MADELAINE
14539-D SOUTH MILITARY TRAIL
DELRAY FL 33484

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

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: *Stacy Cleve Perlman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/02
Date

(561) 498-4049
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachments

P010000 94383

40570

STEVEN S. FINE, M.D.
5901 COLONIAL DR., SUITE
MARGATE, FLORIDA 33163
TEL: (954) 974-3328

STEVEN S. FINE, M.D., B.C.
3152 N.W. 11th AVE.
MARGATE, FL 33163
TEL: 954-974-3328
FAX: 954-974-3328

SPECIALTY:

Orthopedics

DATE

7/18/00

TO DOCTOR:

DR. ADDRESS:

Dr. Jeffrey Minkoff
3450 Cleveland Clinic
Baton, LA 33331

This will introduce my patient,

Robert Perlman

954-1659-5000

For:

- Diagnosis

- Treatment

- Case history has been forwarded to you
under separate cover.

Remarks:

53 yo M with significant
low back pain & degeneration of L4
and multiple bulging discs

Diagnosis:

Low back pain / Fracture L4

Procedure if indicated:

Primary Dr. Signature:

Auth. #:

A19990782462

No. of Tests:

1005

Exp. Dc:

60 days

1. - PPO/OPEN ACCESS PLAN - No Auth. # needed to specialist.
2. - HMO PLAN - Pt. must wait for an auth. # from insurance before making
appointment with the specialist. (appx. 48 to 72 business hours)

SSP/AM

on R.M. moved, R.M. in hand

Attachments
BLECKER, LEWINGER & COMPANY

Certified Public Accountants

40570

July 23, 2002

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: WEBUYWESELL, INC.

Doc. # PO1000094383

Gentlemen:

My firm has just been retained as the accountants for the above referenced taxpayer.

I am enclosing the 2002 Uniform Business Report (UBR), with a check in the amount of \$150.

We are requesting that you accept the \$150 annual fee and waive the late filing fees due to the following facts and situation. The General Manager and Director, Robert Perlman, had an accident on April 15, 2002 and has not been able to run the business on a full time basis since that time. I have enclosed a medical record with this letter (additional medical information can be obtained if necessary). In addition, the previous accountant is located in New York and did not give the taxpayer proper advice on filing certain Florida forms. This corporation just began its business in late 2001.

In the future the taxpayer will file all forms on a timely basis.

Thank you for your consideration on this matter.

Sincerely yours,


Rick M. Lewinger, CPA

RML/jv

Encls.

cc: WEBUYWESELL, INC.