

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

3/11

03-10-2003 90770 033 ***158.75

DOCUMENT # P01000102596

1. Entity Name
WEBUYHOUSES.COM CORP.



Principal Place of Business
5819 JOHNSON STREET 5910 Johnson
HOLLYWOOD FL 33021

Mailing Address
5101 ARTHUR ST
5819 JOHNSON STREET
HOLLYWOOD FL 33021

2. Principal Place of Business
5910 JOHNSON ST
Suite, Apt. #, etc.

3. Mailing Address
5101 ARTHUR ST
Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL
Zip
33021
Country
USA

City & State
HOLLYWOOD FL
Zip
33021
Country
USA

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GORDON, HOWARD
5819 JOHNSON STREET 5910 Johnson St
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
Name **HOWARD GORDON**
Street Address (P.O. Box Number is Not Acceptable)
5101 ARTHUR ST
City **HOLLYWOOD** FL Zip Code **33021**

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 **3/2/3**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP GORDON, HOWARD 5819 JOHNSON STREET HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GORDON, HOWARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5101 ARTHUR ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GORDON, ROSALIE 5101 ARTHUR ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other officers empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE **3/2/3** Daytime Phone # **954 962 300**

CR2E034 (10/02)