

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90241 049 ***150.00

DOCUMENT # P02000029023

1. Entity Name
CORPORATE WEBWORKS, INC.



Principal Place of Business

1134 NW 81 TERRACE
PLANTATION FL 33322

Mailing Address

1134 NW 81 TERRACE
PLANTATION FL 33322

5011 Wiles Rd. #305
COCONUT CREEK, FL 33073 same

2. Principal Place of Business

5011 WILES RD

Suite, Apt. #, etc.

305

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

same

Zip

33073

Country

USA

Zip

Country

4. FEI Number

59-3770168

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HAMDAN, IMAD N

1134 NW 81 TERRACE 5011 Wiles Rd. #305

PLANTATION FL 33322 COCONUT CREEK, FL

33073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

IMAD N. HAMDAN

(NOTE: Registered Agent signature required when reinstating)

4-22-03

DATE

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 P ☐ Delete
NAME HAMDAN, IMAD N
STREET ADDRESS 1134 NW 81 TERRACE same as Above
CITY-ST-ZIP PLANTATION FL 33322

TITLE V ☐ Delete
NAME HAMDAN, SAMAR Z
STREET ADDRESS 1134 NW 81 TERRACE same as Above
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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 like empowered.

SIGNATURE:

Imad N. Hamdan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

Date

(954) 979-4997

Daytime Phone #

CR2E034 (10/02)