2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000036039

Entity Name: MIAMI WEB GROUP, INC.

FELICIANO, ESTELA M

4290 S.W. 11TH STREET

CORAL GABLES, FL 33134

Name:

Address:

City-St-Zip:

FILED Apr 18, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3865 INDIAN CREEK DRIVE 109 MIAMI BEACH, FL 33140				4290 S.W. 11TH STREET MIAMI, FL 33134			
3865 INDIAN CREEK DRIVE				4290 S.W. 11TH STREET			
109 MIAMI BEACH, FL 33140				109 MIAMI, FL 33134			
FEI Number	: 32-0009972	FEI Number Applied	For () FEI Nur	nber Not App	icable ()	Certificate of	Status Desired ()
Name and	l Address (of Current Registered	Agent:	Name and Address of New Registered Agent:			
4290 S.W. CORAL G	O, WILLIAM 11TH STR ABLES, FL e named entered of Florida	REET 33134 tity submits this stateme	ent for the purpose o	of changing i	ts registered o	office or regist	ered agent, or both,
SIGNATURE: Electronic Signature of Registered Agent				Date			
Election Car	mpaign Finar	neing Trust Fund Contributi	ion ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:		() Delete), WILLIAM 11TH STREET BLES, FL 33134		Title: Name: Address: City-St-Zip:	() Change () Ado	dition
Title: Name: Address: City-St-Zip:	V KNEZEVIC 601 NE 39 ⁻ MIAMI, FL	TH STREET #215		Title: Name: Address: City-St-Zip:	V (X FELICIANO, E- 4290 S.W. 111 CORAL GABLE	TH STREET	dition
Title: Name: Address: City-St-Zip:	V KASSEM, A 601 NE 39 ¹ MIAMI, FL	TH STREET #215		Title: Name: Address: City-St-Zip:	() Change ()Add	dition
Title:	V	(X) Delete		Title:	() Change () Add	dition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM FELICIANO P 04/18/2003