

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2004

FILED

04 MAY 14 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000037460

1. Entity Name

DWEB SOLUTION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2625 N.W. 68 WAY

3. Mailing Address

2625 N.W. 68 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SUNRISE

City & State
SUNRISE

4. FEI Number 01-0658414

Applied For
Not Applicable

Zip
FL

Country
33313

Zip
FL

Country
33313

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JORGE LUIS LOPEZ

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

2625 N.W. 68 WAY

City SUNRISE

FL

Zip Code
33313

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT, JORGE LUIS LOPEZ
2625 N.W. 68 WAY
SUNRISE, FL 33313

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

300037341493
05/26/04--01049--017 **150.00

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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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 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 #

CR2E034B (12/02)

May 01, 2003 (305) 244 9531