

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91416 026 \*\*\*150.00

DOCUMENT # P02000037460

1. Entity Name

DWEB SOLUTION, INC.



**DO NOT WRITE IN THIS SPACE**

11040350

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

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all of the 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