2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000116910 DOCUMENT

1. Entity Name WEBVOIP, INC.



Apr 03, 2003 8:00 am Secretary of State

FILED

04-03-2003 90108 004 ***150.00

PROJECT PRISE OF Endowers 2015 SUPPLES ADDITIONS OF THE PROJECT OF POMPANO BEACH FL 3000									
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City & State Ci	2. Principal Place of Business		3. Mailing Address			! (601190) (1) 60116 (1)() 61111 6111 6011 601			
Zip Country Zip Country 5. Certification of Status Desired	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
See Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The ADDVA Number is Not Acceptable) 8. The ADDVA number is Not Acceptable) 8. The ADDVA number of Policy Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonda. I am familier with, and accept the delignators of registered agent spends of pull the Spouse Registered Agent spends on the Spouse Registered A	City & State		City & State		4			,	}
GIUNTA, PATRICK B PATRICK B GIUNTA PA 35 IS CYPRESS ROAD SUITE 301 POMPANO BEACH FL 33060 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. SIGNATURE FL Zip Code Culy FL Zip Code Store Addition Addition Furst Fund Contribution Culy FL Zip Code Culy FL Zip Code Culy FL Zip Code Addition FL Zip Code Culy FL Z	Zip		<u> </u>	Country			Fee Rec		
GUNTA, PATRICK B PATRICK B GUNTA PA Satis CYPRESS ROAD SUITE 301 POMPANO BEACH FL 33080 City FL Zip Code City FL Zip C		6. Name and Address of Current I	Registered Agent	Name		. Name and Address of New Regis	tered Agent		4_
POMPANO BEACH FL 33080 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE RACHIELE, DAVID J STREET ADDRESS OTTY-ST-ZIP TITLE DAME SPADE, JOHN STRET ADDRESS OTTY-ST-ZIP TITLE DAME STRET ADDRESS OTTY-ST-ZIP TITLE DOHNANO BEACH FL 33060 TITLE DOHNANO BEACH FL 33060 TITLE DAME STRET ADDRESS OTTY-ST-ZIP TITLE DOHNANO BEACH FL 33060 TITLE DOHNANO BEACH FL 33060 TITLE DOHNANO BEACH FL 33060 TITLE DAME STRET ADDRESS OTTY-ST-ZIP TITLE DOHNANO BEACH FL 33060 TITLE DONNANO BEACH FL 33060 TITLE					dress (P.O.	iss (P.O. Box Number is Not Acceptable)			
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After May 1, 2003 Fee will be \$550.00 May Be Added to Feese Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature	required wher	n reinstating)	DATE		
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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:

FREPAUID RAINER PRISIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR