

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080641

1. Entity Name

IWCC INTERNATIONAL WEB SITE CONSTRUCTION CO.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90077 033 \*\*\*158.75

Principal Place of Business

6595 NW 36 ST  
 STE 213  
 MIAMI FL 33166  
 US

Mailing Address

2121 PONCE DE LEON BLVD  
 STE 240  
 CORAL GABLES FL 33134-5221  
 US

2. Principal Place of Business

2121 Ponce de Leon Blvd.

3. Mailing Address

2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

Suite 240

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0622689

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PRATS, GABRIEL  
 2121 PONCE DE LEON BLVD  
 STE 240  
 CORAL GABLES FL 33134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRINFEDER, GILLES K	
STREET ADDRESS	6595 NW 36 ST #213	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	GORDO, JOSE A DA SILV	
STREET ADDRESS	6595 NW 36 ST #213	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORENSTEIN, MARION	
STREET ADDRESS	6595 NW 36 ST #213	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marion Gorenstein DATE: 4.20.00 DAYTIME PHONE: 305.4448333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E014 (9/93)