

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90061 035 \*\*\*150.00

**DOCUMENT # P96000088467**

1. Entity Name  
**WEBE WEB CORPORATION**

Principal Place of Business

7020S.W. 22ND COURT  
 UNIT D  
 DAVIE FL 33317

Mailing Address

7020S.W. 22ND COURT  
 UNIT D  
 DAVIE FL 33317

2. Principal Place of Business

**1881 Middle River Drive**  
 Suite, Apt. #, etc.  
**201**

3. Mailing Address

**1881 Middle River Drive**  
 Suite, Apt. #, etc.  
**201**

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

Zip  
**33305**

Country  
**US**

Zip  
**33305**

Country  
**US**

4. FEI Number **65-0711924**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENBERG, MARC**  
**7020S.W. 22ND COURT**  
**UNIT D**  
**DAVIE FL 33317**

7. Name and Address of New Registered Agent

Name **Marc Greenberg**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1881 Middle River Drive**  
**# 201**  
 City **Fort Lauderdale** **FL** Zip Code **33305**

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.

**Marc Greenberg**

(NOTE: Registered Agent signature required when reinstating)

**4/19/01**  
 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, 2001 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	VD	<input type="checkbox"/> Delete
NAME	LIBMAN, JEFF	
STREET ADDRESS	7020 S.W. 22ND COURT, UNIT D	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREENBERG, MARC	
STREET ADDRESS	7020 S.W. 22ND COURT, UNIT D	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOORE, JAYSEN	
STREET ADDRESS	7020 S.W. 22ND COURT, UNIT D	
CITY-ST-ZIP	DAVIE FL 33317	
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
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
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:

**Marc Greenberg**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marc Greenberg**

**4/19/01**

DATE

**954 566 8989**

Daytime Phone #

CR2E034 (10/00)