## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P97000049932 1. Entity Name WEBPAGE INTERNATIONAL GROUP, INC. 04-17-2001 90154 013 \*\*\*150.00 Principal Place of Business Mailing Address 9576 NW 41 ST 13819 SW 160 TERRACE MIAMI FL 33178 MIAMI FL 33177 D0038138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0763533 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HABER, RONALD ESQ. Street Address (P.O. Box Number is Not Acceptable) 1370 N.W. 16TH STREET **MIAMI FL 33125** City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI E Change Addition D ☐ Detete TITLE TANG, KEITH S NAME NAME STREET ADDRESS 12738 N.W. 102ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL 33018 Addition Change ☐ Delete TITLE TITLE CHOI. ALEX W NAME STREET ADDRESS STREET ADDRESS 13819 S.W. 160TH TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33177 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

305-418-4889