

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095059

1. Entity Name

WEBSA CORPORATION

Principal Place of Business

231 ARAGON AVE.
CORAL GABLES FL 33134

Mailing Address

231 ARAGON AVE.
CORAL GABLES FL 33134-5008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0793115

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARDONA, JORGE
1245 ORTEGA AVE.
CORAL GABLES FL 33134

Name

CARDONA JORGE

Street Address (P.O. Box Number is Not Acceptable)

8311 NW 66th St.

Miami FL

City

FL

Zip Code

33166

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CARDONA, JORGE E
STREET ADDRESS 231 ARAGON AVE.
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE President
NAME CARDONA JORGE
STREET ADDRESS 8311 NW 66th St.
CITY-ST-ZIP MIAMI, FL 33166 ☐ Change ☐ Addition

TITLE VP
NAME FRAGANO, LISA
STREET ADDRESS 231 ARAGON AVE.
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE VICE PRESIDENT
NAME FRAGANO LISA
STREET ADDRESS 8311 NW 66th St.
CITY-ST-ZIP MIAMI, FL 33166 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Lisa Fragano Lisa Fragano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 3054771330



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)