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## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 30, 2001 8:00 am DOCUMENT # P97000107557 **Secretary of State** 1. Entity Name WEB1, INC. 01-30-2001 90148 047 \*\*\*150.00 Principal Place of Business Mailing Address 1500 BAY ROAD 1500 BAY ROAD 539 538 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 HS HS 2. Principal Place of Business 3. Mailing Address 1500 Ba 1500 Bay Roa Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 1244 # 1244 City & State City & State 4. FEI Number Applied For 65-0807833 Mami Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33139 us uS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBSTER, JOHN Street Address (P.O. Box Number is Not Acceptable) 1500 BAY ROAD #538 MIAMI BEACH FL 33139 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) 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition WEBSTER, JOHN NAME NAME STREET ADDRESS 1500 BAY ROAD #538 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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