

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90117 043 ***150.00

DOCUMENT # P98000034294

1. Entity Name

FIREHOUSE WEB SERVICES, INC.

Principal Place of Business

**965 NW 202 AVE
PEMBROKE PINES FL 33029**

Mailing Address

**965 NW 202 AVE
PEMBROKE PINES FL 33029-3442**

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 **65-0828193**

Applied For

Not Applied

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

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DESANTIS, MICHAEL	
STREET ADDRESS	965 NW 202 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CABEZA, ADAM	
STREET ADDRESS	965 NW 202 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DENNIS, KIMBERLY	
STREET ADDRESS	965 NW 202 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

TITLE	TD	<input type="checkbox"/> Delete
NAME	CAPRIO, JOHN J	
STREET ADDRESS	965 NW 202 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

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	PAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	CAPRIO, JOHN J	
STREET ADDRESS	965 NW 202 Avenue	
CITY-ST-ZIP	Pembroke Pines, FL 33029	

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

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2000

Date

954-433-3527

Daytime Phone #