

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064045

1. Entity Name

NXWEB CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90488 004 ***150.00

Principal Place of Business

20423 STATE RD. 7, SUITE 201
 BOCA RATON FL 33498

Mailing Address

20423 STATE RD. 7, SUITE 201
 BOCA RATON FL 33498-6797

2. Principal Place of Business

9105 Gettysburg Rd

3. Mailing Address

9105 Gettysburg Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Boca Raton FL

City & State
 Boca Raton, FL

4. FEI Number 65-0851358

Applied For

Not Applicable

Zip
 33434

Country

Zip
 33434

Country
 USA

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

CHEW, PAULUS F
 9105 GETTYSBURG RD.
 BOCA RATON FL 33434

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME CHEW, PAULUS F
 STREET ADDRESS 20423 STATE RD. 7, SUITE 201
 CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE D ☐ Delete
 NAME CHEW, MARKO P
 STREET ADDRESS 20423 STATE RD. 7, SUITE 201
 CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE D ☐ Delete
 NAME CHEW, MIKE J
 STREET ADDRESS 20423 STATE RD. 7, SUITE 201
 CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE D ☐ Delete
 NAME PRIONAS, THOMAS P
 STREET ADDRESS 20423 STATE RD. 7, SUITE 201
 CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paulus F Chew
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/28/00

CR2E034 (9/99)