## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # **P98000075682** INTERNATIONAL WEB TECHNOLOGIES, INC. 05-12-2000 90856 004 \*\*\*150.00 Principal Place of Business Mailing Address 9715 W BROWARD BLVD 9715 W BROWARD BLVD #302 #302 **PLANTATION FL 33324-2351** PLANTATION FL 33324 Half & And The 2. Principal Place of Business: \*\*\*!\*\*: 3. Mailing Address 9715 W. Broward Blvd 3500 nw. Boca Raton Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #302 #902 City & State City & State 4. FEI Number Applied For 65-0861264 Plantation, FLNot Applicable Boca Raton, FL <sup>Zip</sup> 33431 Country \$8.75 Additional Zip 33324 5. Certificate of Status Desired 艮 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 2012 Sty A 2311 N. ANDREWS AVENUE WILTON MANORS FL 33311 Zip Code FL nept for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above named entity sub SIGNATURE (NOTE. Registered Agent signature required when reinstating) nt and title if anole:able 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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) : Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. XX Delete PDC TITLE TITLE Davis, Jeffrey A. DAVIS, JEFFERY NAME NAME -9715-W. Broward Blvd. #302 9715 W BROWARD BLVD- STE 302 STREET ADDRESS STREET ADDRESS Plantation, FL 33324 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Defete TITLE TITLE Epstein, Randy NAME NAME 7333 Ashley Shores Circle STREET ADDRESS STREET ADDRESS Lake Worth, FL 33467 CITY-ST-ZIP CITY-ST-ZIP ☐ Change - \_ \_ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

JEFFREY A DAVIS PRESTDENCE

3/23/00

84-50-G00

Daytime Phone #