

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077512

1. Entity Name

ULTIMATE WEB SOLUTIONS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90024 005 ***150.00

Principal Place of Business

6250 W. OAKLAND PARK BLVD.
SUNRISE FL 33313

Mailing Address

6250 W. OAKLAND PARK BLVD.
SUNRISE FL 33321-2151

2. Principal Place of Business

Bolo N University

3. Mailing Address

Bolo N University Dr.

Suite, Apt. #, etc.

11

Suite, Apt. #, etc.

City & State

Tamarac FL

City & State

Tamarac, FL

Zip

33321

Country

USA

Zip

33321

Country

USA

4. FEI Number

65-0861420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATKO, EUGENE S
6250 W. OAKLAND PARK BLVD.
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name Katko, Eugene

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

Bolo N University Dr.

City Tamarac

FL

Zip Code

33321

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]

2-15-00

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	D	<input type="checkbox"/> Delete
NAME	KATKO, EUGENE	
STREET ADDRESS	1421 NW 126 WAY	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUISI, VINCENT	
STREET ADDRESS	6605 NW 29 STREET	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMINN, BRENDAN	
STREET ADDRESS	2101 NW 112 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)