

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071003

1. Entity Name

WEBIPA, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90004 030 ***150.00

Principal Place of Business

1001 BRICKELL BAY DRIVE
SUITE 1604
MIAMI FL 33131

Mailing Address

1001 BRICKELL BAY DRIVE
SUITE 1604
MIAMI FL 33131-4939

2. Principal Place of Business

3250 Mary St

3. Mailing Address

3250 Mary St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 402

Suite 402

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33133

USA

33133

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASH, PETER
1001 BRICKELL BAY DRIVE
SUITE 1604
MIAMI FL 33131

Name

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

3250 Mary St

Suite 402

City

Miami

FL

Zip Code

33133

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GORDON, EUGENE C
1001 BRICKELL BAY DRIVE, SUITE 1604
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3250 Mary St Suite 402
Miami FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LASH, PETER R
1001 BRICKELL BAY DRIVE, SUITE 1604
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3250 Mary St Suite 402
Miami FL 33133

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PETER LASH, VP 4-26-00 305-448-4700

C-2E014 (9/99)