

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074754

1. Entity Name

DIGITAL WEB MASTERS INC

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90208 033 ***158.75

Principal Place of Business

Mailing Address

7105 NW 53RD AVE.
MIAMI FL 33166

7105 NW 53RD AVE.
MIAMI FL 33166-4805

2. Principal Place of Business

3. Mailing Address

7105 NW 53RD Terr.

7105 NW 53RD Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0974602

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

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

PASCUCCI, RUDOLPH F
3901 NW 79TH AVE.
DAVIE FL 33024

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 ☒ Delete
NAME President
STREET ADDRESS Christopher M. Glasgow
CITY-ST-ZIP 6234 NW First Street
Margate, FL 33063

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS SAMPASCUCCI
CITY-ST-ZIP 14591 Sunset Ln.
Ft. Lauderdale, FL 33330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS Christopher M. Glasgow
CITY-ST-ZIP 6234 N.W. 1st
Margate, FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Christopher M. Glasgow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

Date

3-17-2000

Daytime Phone #

305-883-0031

CR2E034 (9/99)