

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State
 07-07-2000 90459 050 ***550.00

DOCUMENT # P99000079606

1. Entity Name

WEB MINDS, INC.

Principal Place of Business

Mailing Address

**8370 S.W. 28TH STREET
 MIAMI FL 33155**

**8370 S.W. 28TH STREET
 MIAMI FL 33155-2423**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0945313

Applied For

Not Applicable

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

**CHONG, FRANCISCO J
 1337 NW 1ST STREET
 MIAMI FL 33125**

Name **ANGEL G. CASTRO, SR.**

Street Address (P.O. Box Number is Not Acceptable)
8370 S.W. 28 ST.

City **MIAMI**

FL Zip Code **33155**

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

Angel G. Castro Jr.
 Signature, typed or printed name of registered agent and title, if applicable.

ANGEL G. CASTRO SR.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/20/2000

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	<input type="checkbox"/> Delete
NAME	CASTRO, ANGEL G JR.	
STREET ADDRESS	8370 S.W. 28TH STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHONG, FRANCISCO J	
STREET ADDRESS	1337 NW 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33125	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTRO, ANGEL G. SR.	
STREET ADDRESS	8370 SW 28 STREET	
CITY-ST-ZIP	MIAMI- FL. 33155	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Angel G. Castro Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2000 (305) 207-79.
 Date Daytime Phone #