

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90048 027 ***150.00

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DOCUMENT # P99000079606

1. Entity Name
WEB MINDS, INC.

Principal Place of Business
**8370 S.W. 28TH STREET
MIAMI FL 33155**

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

2. Principal Place of Business
760 N.W. 106 AVE.

3. Mailing Address
760 N.W. 106 AVE.

Suite, Apt. #, etc.
UNIT # 3

Suite, Apt. #, etc.
UNIT # 3

City & State
MIAMI - FL

City & State
MIAMI - FL

Zip
33172-3137

Country
U.S.A.

Zip
33172-3137

Country
U.S.A.

4. FEI Number
65-0945313

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CASTRO, ANGEL G
8370 SW 28TH STREET
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **CASTRO, ANGEL G.**
Street Address (P.O. Box Number is Not Acceptable)
760 N.W. 106 AVE. UNIT # 3
City **MIAMI** FL **33172-3137**

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.

02/28/2002
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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** ☐ Delete
NAME **CASTRO, ANGEL G JR.**
STREET ADDRESS **8370 S.W. 28TH STREET**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: **ANGEL G. CASTRO JR. DR.** **02/28/2002** **(305) 207-1757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)