

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90072 019 ***150.00

DOCUMENT # P99000095251

1. Entity Name

ALL WEB MARKETING, INC.

Principal Place of Business

Mailing Address

**7977 NW 21ST STREET
 MIAMI FL 33122**

**7977 NW 21ST STREET
 MIAMI FL 33122-1616**

2. Principal Place of Business

10913 NW 30st. Suite 100

3. Mailing Address

Same: 10913 NW 30 st.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Miami, Florida

City & State

Miami, FL

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.

4. FEI Number

65-0958101

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARRASCO, MIGUEL A
 7977 NW 21ST STREET
 MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

Miguel A. Carrasco

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

10913 NW 30 street Suite 100

City **Miami**

FL

Zip Code

33172

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 Not Applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-00

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 **PD** ☐ Delete
 NAME **CARRASCO, MIGUEL A**
 STREET ADDRESS **7977 NW 21ST STREET**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE **VD** ☐ Delete
 NAME **SAYAGO, TONY**
 STREET ADDRESS **7977 NW 21ST STREET**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE **STD** ☒ Delete
 NAME **CIANCAGLINI, LOUIS**
 STREET ADDRESS **7977 NW 21ST STREET**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Delete
 NAME
 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

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

(305) 500-9222

Daytime Phone #

CR2E034 (9/99)