

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91756 001 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
1. Entity Name
990000097514 ✓
WEBDESIGN2020.COM, INC

673000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2951 NE 185 STREET Suite, Apt. #, etc. # 2004		3. Mailing Address PO BOX 2926 Suite, Apt. #, etc.	
City & State AVENTURA, FL		City & State HALLANDALE, FL	
Zip 33180	Country USA	Zip 33008	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0961241
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **VAN DE WOUW, DAVE**
Street Address (P.O. Box Number is Not Acceptable)
2951 NE 185 STREET 2004
City **AVENTURA** FL Zip Code **33180**

DO NOT WRITE IN THIS SPACE

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 reappointing)

DATE

04-29-02

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PST. VAN DE WOUW, DAVE 2951 NE 185 STREET #2004 AVENTURA FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RONALD STEVENS 17911 COLLINS AVE #1200 SUNNY ISLES FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANDER LEM STANLEY 17911 COLLINS AVE #1600 SUNNY ISLES FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

04-29-02 **305**
7006270

CR2E034B (12/01)