

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103766

Entity Name

WEB2FLY, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

03-15-2000 90109 023 \*\*\*158.75

Principal Place of Business

Mailing Address

210 NE 172 STREET #323  
SUNNY ISLES FL 33160210 NE 172 STREET #323  
SUNNY ISLES FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3710 COLLINS AV. #301

Suite, Apt. #, etc.

3710 COLLINS AV. #301

City &amp; State

MIAMI BEACH, FLORIDA

City &amp; State

MIAMI BEACH, FLORIDA

4. FEI Number

65-0966436

☒ Applied For  
☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

Zip

33139

Country

USA

Zip

33139

Country

USA

6. Name and Address of Current Registered Agent

BRITO, LEONARDO F  
100 SE 2 STREET STE 3850  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARANI, LORENA F	
STREET ADDRESS	210 SNE 172 ST	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	POLICINI, LEONARDO	
STREET ADDRESS	210 NE 172 STREET #323	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HIDALGO, EDUARDO	
STREET ADDRESS	2045 SAN FERNANDO	
CITY-ST-ZIP	1646 BUENOS AIRES ARGENTIA FL 33160	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	POLICINI, LUIS V	
STREET ADDRESS	NUESTRA SENORA DE LA MERCED, 4045 CASEROS	
CITY-ST-ZIP	BUENOS AIRES 1678 ARGENTIA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEJANDRO FRANCISCO ARAYO	
STREET ADDRESS	VIA MONTANA 1716 #5 SUITE 24	
CITY-ST-ZIP	BUENOS AIRES - 1012 - ARGENTINA	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTO LUIS FERRI	
STREET ADDRESS	210 NE 172 ST.	
CITY-ST-ZIP	MIAMI BEACH, FL. 33160	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORENA F. MARANI

Date

Daytime Phone #

03/13/2000 (305) 919-8635