

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108979

1. Entity Name  
MENTAL WEB INCORPORATED

FILED  
Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90183 049 \*\*\*150.00

Principal Place of Business  
7220 NORTHWEST 36TH STREET  
SUITE 421  
MIAMI FL 33166

Mailing Address  
7220 NORTHWEST 36TH STREET  
SUITE 245  
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3550 BISCAYNE BLVD  
Suite, Apt. #, etc.  
309

3. Mailing Address  
3550 BISCAYNE BLVD  
Suite, Apt. #, etc.  
309

City & State  
MIAMI FLORIDA

City & State  
MIAMI FLORIDA

4. FEI Number 65-0968686

Applied For  
Not Applicable

Zip Country  
33137 DADE

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33137 DADE

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

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

## 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DUMAS, VERONICA 7220 NORTHWEST 36TH STREET MIAMI FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANSOM, MARIA 7220 NORTHWEST 36TH STREET MIAMI FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUEVEDO, RICHARD 7220 NORTHWEST 36TH STREET MIAMI FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3550 BISCAYNE BLVD SUITE 309 MIAMI, FLORIDA 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3550 BISCAYNE BLVD SUITE 309 MIAMI FLORIDA 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3550 BISCAYNE BLVD SUITE 309 MIAMI FLORIDA 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  
VERONICA DUMAS  
PRESIDENT

Date 4/15/02 Daytime Phone # 305-4381146

CR2E034 (9/01)