

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90018 001 \*\*\*158.75

UBR/03/2 AV

**DOCUMENT # S44828**

1. Entity Name  
**WEBSTER/SYGNE CORPORATION**

Principal Place of Business <b>9450 S W 72ND ST          STE 100 D          MIAMI FL 33173          US</b>	Mailing Address <b>9450 S W 72ND ST          STE 100 D          MIAMI FL 33173          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0255697**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REICH, DONALD**  
**9450 SW 72ND ST, #104 100D**  
~~SUITE 100~~  
**MIAMI FL 33173**

Name **REICH, DONALD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9450 S.W. 72ND ST. SUITE 100D**  
 City **MIAMI** FL Zip Code **33173**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>C</b>	<b>HALL, RUTH C</b>	<b>22 HILLSIDE TERRACE PACKANACK LAKE NJ</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>PLAZA, LILY</b>	<b>10808 S.W. 72 ST #134 MIAMI FL</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>PD</b>	<b>PLAZA, RUBEN</b>	<b>10808 S.W. 72 ST #134 MIAMI FL</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>VP</b>	<b>PUTIGNANO, WENDY H</b>	<b>58A HOBART STREET HACKENSACK NJ</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>T</b>	<b>DAMBROSIO, FRANK</b>	<b>43 AMHERST DRIVE BAYVILLE NJ</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>S</b>	<b>REICH, DONALD</b>	<b>40 W. RIDGEWOOD AVENUE RIDGEWOOD NJ</b>	<input type="checkbox"/>	<input type="checkbox"/>

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

Date **4/26/02** Daytime Phone # **(305) 412-1060**

CR2E034 (9/01)