

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90095 011 ***158.75

0173945

DOCUMENT # P00000051807
 1. Entity Name
WEBBPOINT CORP.

Principal Place of Business P.O. BOX 416651 MIAMI FL 33141	Mailing Address P.O. BOX 416651 MIAMI FL 33141
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C0006341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 25 SE 2nd Avenue Suite 1000 Suite, Apt. #, etc.	3. Mailing Address 25 SE 2nd Avenue Suite 1000 Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-1011781	Applied For <input type="checkbox"/> Not Applicable
Zip 33131-1672	Country Miami-Dade	Zip 33131-1672	Country Miami-Dade

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LIMA, PAULO
25 SE 2ND AVENUE, SUITE 005
MIAMI FL 33131-1509

7. Name and Address of New Registered Agent
 Name **Lima, Paulo**
 Street Address (P.O. Box Number is Not Acceptable)
25 SE 2nd Avenue
Suite 1000
 City **Miami** FL Zip Code **33131-1672**

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 **Paulo Lima** DATE **01/08/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PSTD LIMA, PAULO 25 SOUTHEAST 2 AVENUE #305 MIAMI FL 33131-1509 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIMA, SOLANGE 25 SOUTHEAST 2 AVENUE #305 MIAMI FL 33131-1509 <input checked="" 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
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	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LIMA, PAULO 25 SE 2nd Ave Suite 1000 Miami, FL 33131-1672 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LIMA, SOLANGE 25 SE 2nd Ave Suite 1000 Miami, FL 33131-1672 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LIMA, PAULO M. 25 SE 2nd Ave Suite 1000 Miami, FL 33131-1672 <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: **Paulo Lima, President** Date **1/8/01** Daytime Phone # **(305) 374-7576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)