

FILED
Jun 25, 2002 8:00 am
Secretary of State
05-13-2002 90207 025 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004601

1. Entity Name
PURCHASEDIRECT.COM, LLC
Purchase Direct, L.L.C.

*NIC
FLO
5/13/02
YMN*

Principal Place of Business
**SUITE 200 2665 SOUTH BAYSHORE DR
MIAMI FL 33133**

Mailing Address
**SUITE 200 2665 SOUTH BAYSHORE DR
MIAMI FL 33133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1009825	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
**O'NAGHTEN, JUAN T
SUITE 200 GRAND BAY PLAZA
2665 SOUTH BAYSHORE DR
MIAMI FL 33133**

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNEAPLER, STEPHEN J SUITE 200 2665 SOUTH BAYSHORE DR MIAMI FL 33133 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, MANUEL A SUITE 200 2665 SOUTH BAYSHORE DR MIAMI FL 33133 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAZZEI, VINCENT J SUITE 200 2665 SOUTH BAYSHORE DR MIAMI FL 33133 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELOCCI, RALPH SUITE 200 2665 SOUTH BAYSHORE DR MIAMI FL 33133 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LONG, DON SUITE 200 2665 SOUTH BAYSHORE DR MIAMI FL 33133 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>Mazzei, Vincent 1250 E. Hallandale Beach Blvd., Penthouse A Hallandale, FL 33009</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>Velocci, Ralph 1250 E. Hallandale Beach Blvd. Hallandale, FL 33009</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>Long, Don 1250 E. Hallandale Beach Blvd., Penthouse A Hallandale, FL 33009</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **SIGNATURE REQUIRED** *4/29/02 (305) 858-1431*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (9/01)