

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90140 001 ****50.00
08-19-2002 90140 002 *****5.00

DOCUMENT # W010000002006

1. Entity Name
Internet Investment Club in Motion ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5828 Donnelly Circle

3. Mailing Address
5828 Donnelly Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando Florida

City & State
Orlando Florida

4. FEI Number
59-3707975

Applied For
Not Applicable

Zip Country
32821 USA

Zip Country
32821 USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Alberto S. Cobian

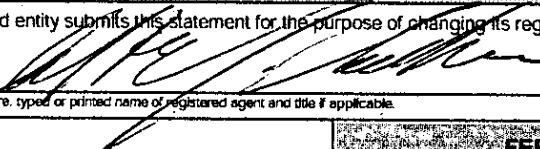
Street Address (P.O. Box Number is Not Acceptable)

5828 Donnelly Circle

City
Orlando

FL Zip Code
32821

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 

8/16/2002

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Alberto S. Cobian
5828 Donnelly Circle Orlando FL 32821

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Ramon E. Perez
501 Raquet Club Rd Apt 62 Weston Fl 33326

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Jose M. Torres
10 Birchwood Dr. New Hyde Park NY 11040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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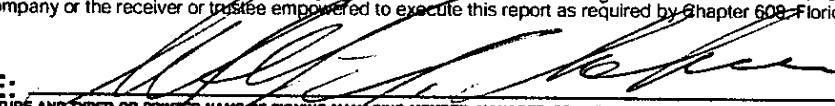
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 609, Florida Statutes.

SIGNATURE: 

8/16/2002 (407) 239-4823

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

Date

Daytime Phone #