

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90186 001 ****50.00
05-01-2003 90186 002 *****5.00

DOCUMENT # L01000015713

1. Entity Name

~~ECONOMIC MOTORS, LLC~~ CHANGED NAME
ONLINE DIRECTORIO, LLC



Principal Place of Business
7105 SW 8TH ST., SUITE 208
MIAMI FL 33144

Mailing Address
P.O. BOX 830471
MIAMI FL 33283

2. Principal Place of Business

7105 SW 8TH ST
Suite, Apt. #, etc.
206
City & State
MIAMI, FLORIDA

3. Mailing Address

P.O. Box 830471
Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33144
Country

Zip
33283
Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAFONTS, MARITZA C
7105 SW 8TH ST., SUITE 208
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name
SAFONTS, MARITZA C.
Street Address (P.O. Box Number is Not Acceptable)
7105 SW 8TH ST. SUITE # 206
City MIAMI FL Zip Code 33144

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maritza C. Safont

04-28-03

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAFONTS, MARITZA C
7105 SW 8TH ST., SUITE 208
MIAMI FL 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAFONTS, MARITZA C.
7105 SW 8TH ST. SUITE # 206
MIAMI, FL 33144 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAFONTS, LUIS MIGUEL
7105 SW 8TH ST. SUITE # 206
MIAMI, FL 33144 ☐ Change ☒ Addition

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

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:

Maritza C. Safont

04-28-03

305-2446228

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

Date

Daytime Phone #

CR2E083 (10/02)

0055165