## FILED May 01, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # ·L0000006458 1. Entity Name 02-27-2002 90086 042 \*\*\*\*50.00 2M INTERNET VENTURES, L.L.C. Principal Place of Business Mailing Address 9051-NW-42RD-TERRACE 9851 NW 43RD TERRACE MIAMI FL 33178 27200 MIAMI FL 33178 rincipal Place of Business 3. Mailing Address 11024 NW 72 Terr 11024 NW 72 Terr Suite, Apt. #, etc. Suite, Apt. #, etc. 02 - 0575933 City & State Miami City & State Mi awai FL. 4. FEI Number APPLIED FOR Applied For Not Applicable Country V.S.A. Country S. A \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANRIQUE, BERNARDO New Address Street Address (P.O. Box Number is Not Acceptable) 9851-NW-43RD-TERRACE MIAMI-FL-33178 11024 NW Terc: 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 eignature required when reinstating) DATE FILE NOWE! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE Delete TITI F CR2E083 (9/01) Change ■ Addition NAME MANRIQUE, BERNARDO NAME STREET AUDRESS 11024 NW 72 Terr 9851 NW 43RD TERRACE STREET ADDRESS CITY - ST- ZIP **MIAMI FL 33178** Miami, PL 33178 CITY-ST-ZIP me Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-7IP 7771 5 ☐ Delete TITLE ☐ Change ☐ Addition NAME MALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MARAGING MEMBER, MARAGER, OR AUTHORIZED REPRESENTATIVE

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