FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90053 006 ***150.00

001443

DOCUMENT #F01000004589

1. Entity Name: NuEworld.com Commerce, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2255 Glades Rd	Same
Suite, Apt. #, etc.: Ste 219A	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State
Zip: 33431 Country: Palm Beach	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 33-0883084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Linda Ringgenberg

Street Address (P.O. Box Number is Not Acceptable): 2255 Glades Rd, Ste 219A

City: Boca Raton FL Zip Code: 33431

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	C & P
NAME	Juan Alexander Arnold
STREET ADDRESS	401 NE Mizner Blvd, Penthouse 802
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	D
NAME	Thomas C McCarthy
STREET ADDRESS	PO Box 82
CITY-ST-ZIP	Rancho Santa Fe, CA 92067
TITLE	S
NAME	Timothy C Ringgenberg
STREET ADDRESS	10301 Calle Independencia
CITY-ST-ZIP	Fountain Valley, CA 92708
TITLE	D
NAME	Scott Mereker
STREET ADDRESS	7004 Harrods Landing Dr
CITY-ST-ZIP	Prospect, KY 40059
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: T 12, 2, 12 Tim Ringgenberg 5/1/02 561-989-4025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #