

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000866

1. Entity Name
INFONETWORLD.COM, L.L.C.

FILED

01 MAY -1 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2250 WESTBOURNE DRIVE
OVIEDO FL 32765

Mailing Address
2250 WESTBOURNE DRIVE
OVIEDO FL 32765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3622393

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BOGLE & SCHULMAN P.A.~~
~~700 TURNBULL AVE., SUITE 203~~
~~ALTAMONTE SPRINGS FL 32701~~

Name Khaled R. Khuda
Street Address (P.O. Box Number is Not Acceptable)
2250 Westbourne Dr.
City Oviedo FL 32765

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 (X) KHALED R. KHUDA
Signature, typed or printed name of registered agent and title if applicable.

(X) 4/27/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900004275109--0
-05/21/01--01195--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
K.N., LTD., L.L.P.
STREET ADDRESS
2250 WESTBOURNE DRIVE
CITY-ST-ZIP
OVIEDO FL 32765

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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.

SIGNATURE (X) KHALED R. KHUDA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(X) 4/27/01 (X) 407-346 6128
Date Daytime Phone #

0004906 AF

CR2E083 (11/00)