4.

FILED
May 24, 2002 8:00 am
Secretary of State

04-03-2002 90014 046 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001888

1. Entity Name

NET 2000 GROUP, L.C.

Principal Place of Business	Mailing Address
10540 NW 26TH STREET G-301 MIAMI FL 33172	10540 NW 26TH STREET G-301 MIAMI FL 33172

85975

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		3006 N.W. 79th. AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: MIAMI, FlORIDA	
Zip	Country	Zip: 33122	Country: USA.

4. FEI Number 65-0987589 ☐ Applied For ☐ Not Applicable

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
JARAMILLO, OSCAR 10540 NW 26TH STREET G-301 MIAMI FL 33172	Name: OSCAR JARAMILLO Street Address (P.O. Box Number is Not Acceptable): 3006 N.W. 79th. AVENUE City: MIAMI, FL. FL Zip Code: 33122

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] 4-23-02
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM O. JARAMILLO 10540 NW 26TH STREET MIAMI FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OSCAR JARAMILLO 3006 N.W. 79th AVENUE MIAMI, FL. 33122	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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: [signature] 4-23-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #