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200	UNIFORM BUS	SINESS REPO	RT (UB	R)			
DOCU 1. Entity Nam GIEO, LL	ne	00004594		į			
aico, ii					FILE	Ď	-
	ce of Business	Mailing Address			2001 APR 30 F	PM 4: 17	
STE 802 MIAMI FL 33	131	601 BRICKELL KEY DRIV: STE 802 MIAMI FL 33131	=		DIVISION OF CORF	ORATIONS	
10800 Suite, Apt.	Place of Business Biscanne Blvd. #, etc.	Suite, Apt. #, etc.	one Blu		DO NOT WRITE IN T	HIS SPACE	1 (B2)(B)B(B2)
\$ 80 City & Star		City & State		4. FEI Ņ		_ Ar	oplied For
<u>(MiAC</u> Zip	Country	MIAMI - 71	Country		5-105889()	\$5.00 Add	ot Applicable
3316	6. Name and Address of Currer	33161			ficate of Status Desired and Address of New Registe	Fee Require	
VAZQUEZ, GERARDO A					N MANUEL LIMARES		
	CKELL KEY DRIVE		Street /		lumber is Not Acceptable)		
STE 802			3	vite 580			
Miami Fl	. 33131	nIAM)		FL Zip Cod	° 33161		
8. The above	named entity submits this statement	for the purpose of changing its	registered office of	r registered agent, o	or both, in the State of Florida.	10-1	. •
SIGNATURE Signature, speed contributed name of postaged agent and title if applicable. (NOTI Registered Agent signature required when reinstating) DATE							
		FILE NI Make Check Pa	W!!! FEE IS	-	60000422 -05/16/01 *****50.0	01071	018
9.	MANAGING MEM		10.		ADDITIONS/CHAN		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLOBAL EDUCATION ONLINE, 601 BRICKELL KEY DRIVE SUI MIAMI FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEAN EDI 10800 BISCO MEAN - T	ICATION ONLINE, LTI AGNE BLVD, SUITESB F) 7316)	Change O, 6V)	☐ Addition
TITLE NAME STREET ADDRESS	MGRM SPINIDEA LLC 1026 TRAPPER HILL DRIVE	☐ Delete	TITLE NAME STREET ADDRESS	mcam Spinidead	Hill Drive	Change	Addition
CITY-ST-ZIP TITLE	HOUSTON TX 77077	☐ Delete	CITY-ST-ZIP	VETA.ILC	1 <u> 74074</u>	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	10300 Bise	iyne Blvd,5vite 59 FI 33161	60	
TITLE NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS	10800 BISC	nnne BN, Svite SI	Change	Addition
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	CITY-ST-ZIP	Mismi -	· F) 33161	☐ Change	☐ Addition
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TITLE :		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			4	

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 explowered to execute this applications.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF ANAGING MEMBER, DAN AGER, OR AUTHORIZED REPRESENTATIVE