

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005743

1. Entity Name

VIVA.COM REALTY BROKERAGE, LLC

VIVA GROUP INC

Principal Place of Business
2701 OCEAN PARK BL
SUITE 140

VIVA GROUP, INC. SANTA MONICA CA 90405

3220 NEBRASKA AVENUE TEL # (310) 581-2444

SANTA MONICA CA 90404 FAX # (310) 581-2775

FILED

01 FEB 12 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2701 Ocean Park Blvd

Suite, Apt. #, etc.

#140

City & State

Santa Monica, CA

Zip

90405

Country

USA

3. Mailing Address

2701 Ocean Park Blvd

Suite, Apt. #, etc.

#140

City & State

Santa Monica, CA

Zip

90405

Country

USA

4. FEI Number

95-4740789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY-ST-ZIP

CEO
SCOTT Inghram
2701 Ocean Park Blvd #140
Santa Monica, CA 90405

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY-ST-ZIP

President
Allan Hunter
2701 Ocean Park Blvd #140
Santa Monica, CA 90405

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY-ST-ZIP

CFO
Wendy Worcester
2701 Ocean Park Blvd #140
Santa Monica, CA 90405

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

300003708873--6
-02/19/01--01018--005

TITLE NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Wendy Worcester 1/22/01 310-581-7427

CR2E083 (11/00)