

2001 UNIFORM BUSINESS REPORT (UBR)

0011330 AF

DOCUMENT # L00000006289

1. Entity Name
WORLDWIDE WEB ENTERPRISES, L.C.

FILED

01 MAR 15 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
20533 BISCAYNE BLVD., SUITE 540
AVENTURA FL 33180

Mailing Address
20533 BISCAYNE BLVD., SUITE 540
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1250 E. HALANDALE BEACH BLVD.
Suite, Apt. #, etc.
PENTHOUSE A
City & State
HALANDALE FLORIDA
Zip
33009
Country
U.S.A.

3. Mailing Address

1250 E. HALANDALE BEACH BLVD.
Suite, Apt. #, etc.
PENTHOUSE A
City & State
HALANDALE FLORIDA
Zip
33009
Country
U.S.A.

4. FEI Number

651021526

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMOLEY, ROBERT ESQ.
201 SOUTH BISCAYNE BLVD., 17TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
ROBERT SMOLEY ESQ.
Street Address (P.O. Box Number is Not Acceptable)
20801 BISCAYNE BOULEVARD
SUITE 505
City
AVENTURA
FL
Zip Code
33180

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 STREET ADDRESS CITY-ST-ZIP	PRESIDENT-MANAGING MEMBER <input type="checkbox"/> Delete ROBERT SMOLEY 1250 E. HALANDALE BEACH BLVD. #PHA HALANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC-PRESIDENT/MEMBER <input type="checkbox"/> Delete DARIN GRIFFIN 1250 E. HALANDALE BEACH BLVD. #PHA HALANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003910586-5 -03/26/01--01149--005 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

2-1-01

(305) 933-2000

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

Date

Daytime Phone #

CR2E083 (11/00)