

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90088 003 \*\*\*\*\*50.00

**DOCUMENT # L00000006289**

1. Entity Name

**WORLDWIDE WEB ENTERPRISES, L.C.**



Principal Place of Business

**1250 E. HALLANDALE BEACH BLVD.  
PENTHOUSE A  
HALLANDALE FL 33009**

Mailing Address

**1250 E. HALLANDALE BEACH BLVD.  
PENTHOUSE A  
HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1021526**

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.  
20801 BISCAYNE BLVD., SUITE 505  
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **Robert Smoley, ESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**2665 So. Bayshore Drive**  
**Suite 200**  
City **Miami** FL Zip Code **33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1/14/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **SMOLEY, ROBERT**  
STREET ADDRESS **1250 E. HALLANDALE BEACH BLVD., PH A**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **MEM** ☐ Delete  
NAME **GREY, DARIN**  
STREET ADDRESS **1250 E. HALLANDALE BEACH BLVD., PH A**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
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]* SIGNATURE REQUIRED

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

**1/14/03** **951 455 1720**

Date Daytime Phone #

CR2E083 (10/02)