

04 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006500

1. Entity Name

SETNET INTERNATIONAL, L.L.C.

FILED

01 MAY -8 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5979 NW 151ST STREET
SUITE 208
MIAMI LAKES FL 33014

Mailing Address
5979 NW 151ST STREET
SUITE 208
MIAMI LAKES FL 33014

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

65-1015099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JENSEN, GREER G
5979 NW 151ST STREET
SUITE 208
MIAMI LAKES FL 33014

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
STREET ADDRESS
CITY-ST-ZIP
MGR
PAZ-TREVINO, RICARDO
5979 NW 151ST STREET SUITE 208
MIAMI LAKES FL 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHAKELFORD, JOHN T
5979 NW 151ST STREET SUITE 208
MIAMI LAKES FL 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MAS, JOHN
5979 NW 151ST STREET SUITE 208
MIAMI LAKES FL 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JENSEN, ROBERT C
5979 NW 151ST STREET SUITE 208
MIAMI LAKES FL 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JENSEN, GREER G
5979 NW 151ST STREET SUITE 208
MIAMI LAKES FL 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/29/01

305-825-2520