

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **L00000009654**

FILED

1. Entity Name
V & V GLOBAL INVESTMENTS, L.L.C.

01 MAY -2 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**825 BRICKELL BAY DRIVE, SUITE 1042
MIAMI FL 33131**

Mailing Address
**825 BRICKELL BAY DRIVE, SUITE 1042
MIAMI FL 33131**



2. Principal Place of Business
888 Brickell Key Dr

3. Mailing Address
SAME

Suite, Apt. #, etc.
1401

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State

4. FEI Number Applied For Not Applicable

Zip **33131** Country **MIAMI DATE** Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATE CREATIONS NETWORK INC
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
Name **Aurelio A. Piedra**
Street Address (P.O. Box Number is Not Acceptable)
780 N.W Le Jeune Rd #516
City **MIAMI** FL Zip Code **33126**

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 _____ DATE **4/20/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 BETANCOURT, VERONICA 825 BRICKELL BAY DRIVE, SUITE 1042 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, OSCAR 825 BRICKELL BAY DRIVE, SUITE 1042 MIAMI FL 33131 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT 888 Brickell Key Dr suite 1401, MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VANESSA RODRIGUEZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004314869-01 -05/24/01--01039-017 *****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

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: **VANESSA RODRIGUEZ** _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)