2001	UNIFORM	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)

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DOCUMENT # L0000009693							]	•						
1. Entity Name SERVICIOS DE COMERCIO ELECTRONICO LLC					FILED									
					01. MAY 16 PM 3:01									
ONE BISCAYNE TOWER. SUITE 3400 ONE BIS 2 SOUTH BISCAYNE BLVD 2 SOUTH			Aailing Address ONE BISCAYNE TOWER. SUITE 3400 2 SOUTH BISCAYNE BLVD MIAMI FL 33131		. 55	CRETA	RY OF S	TATE ORIDA						
Principal Place of Business     3. Mailing Address				-				1 1 <b>93</b> 11 <b>9</b> 11 <b>9</b> 1	1 <b>11</b> 1611   11 1611   11 1611			<b>      </b>		
Suite, Apt. #, etc.		Sı	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE								
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	6. Name	and Address of Curre	nt Registe	red Agent				7. Name	and Add	iress of Nev	Registere	d Agent		]
VALIDEGI		DODATE SEDVICES	INC			Name								
VALDES-FAULI CORPORATE SERVICES, INC. ONE BISCAYNE TOWER, SUITE 3400 2 SOUTH BISCAYNE BLVD					Street A	Address (F	P.O. Box N	lumber is	Not Accepta	ble)				
		: PLAN				}								1
MIAMI FL 33131					City FL Zip Code						de	7		
8. The above	named entity	submits this statement	for the pu	rpose of changing its	registere	ed office o	r registere	ed agent,	or both, in	the State of	Florida.			7
SIGNATURE .	Signature, typed	or printed name of registered ag-	ent and title if a	pplicable. (NOTE	Registere	d Agent signa	ture required	when reinstati	ng)		DATE			}
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Make Check Paya			yable t	o nehau	inent o	State								
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11. I hereby c	ertify that the	information supplied w	ith this filin	a does not qualify for t	the exer	notion stat	ted in Sec	tion 119 C	7(3)(i), Fk	orida Statutes	s I further c	ertify that the	information	1

I neterly certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 orath; 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.

Travelya, com, Inc.

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