

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90597 049 \*\*\*\*50.00

DOCUMENT # L00000010101

1. Entity Name

NETVILLAGE.COM, LLC

Principal Place of Business

2855 SO. CONGRESS AVE., STE. B  
 DELRAY BEACH FL 33445

Mailing Address

2855 SO. CONGRESS AVE., STE. B  
 DELRAY BEACH FL 33445

2. Principal Place of Business

17296 Hampton Blvd  
 Suite, Apt. #, etc.

3. Mailing Address

17296 Hampton Blvd  
 Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-1033728

Applied For

Not Applicable

Zip

Country

33496

USA

Zip

Country

33496

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVITT, DREW M ESQ.

2855 SO. CONGRESS AVE., STE. B  
 DELRAY BEACH FL 33445

Name

Street Address (P.O. Box Number is Not Acceptable)

855 So. Federal Highway

Suite 212

City

FL

Zip Code

33431

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete  
 NAME VAN ARNEM, HAROLD L  
 STREET ADDRESS 2855 SO. CONGRESS AVE., STE. B  
 CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 17296 Hampton Blvd.  
 CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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: *H. Van Arnem* REQUIRED

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

4/29/02 561-360-6556  
 Date Daytime Phone #

CR2E083 (9/01)