

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004928

1. Entity Name

HTTP, LLC

FILED

01 MAY -3 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

280 Country Road 427

3. Mailing Address

PO Box 522440

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

Zip

32752

Country

USA

Zip

32752

Country

USA

4. FEI Number

59-3686916

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

7. Name and Address of New Registered Agent

Name

Steven Moreira

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

280 Country Road 427

Suite 100

City

Longwood

FL

Zip Code

32752

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]*

4/30/01

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

4000004323884--5  
-05/25/01--01076--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
STEVEN MOREIRA  
280 COUNTRY ROAD 427, SUITE 100  
LONGWOOD FL 32752

☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ 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]*

4/30/01

407/4212056

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

Date

Daytime Phone #

CR2E083 (11/00)