

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004905

1. Entity Name
JMC WORLDWIDE INVESTMENTS LC

Principal Place of Business
5600 COLLINS AVE.
SUITE 15B
MIAMI BEACH FL 33140

Mailing Address
338 MINORCA AVE.
CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90020 011 ****50.00

80048190



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1143782	Applied For
	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CABEZA, MANUEL E
338 MINORCA AVE.
CORAL GABLES FL 33134

Name International Registered Agents Corporation		
Street Address (P.O. Box Number is Not Acceptable) 338 Minorca Avenue		
City Coral Gables	FL	Zip Code 33134

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 Maria Elena Cabeza, President

January 11, 2002

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABEZA, MANUEL E 5600 COLLINS AVE. MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Jose Miguel Canas 5600 Collins Av. Apt. 15B Miami Beach, Florida 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Carmen Josefina Jimenez 5600 Collins Av. Apt. 15B Miami Beach, Florida 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Margarita Milena Canas Jimenez 5600 Collins Av. Apt. 15B Miami Beach, Florida 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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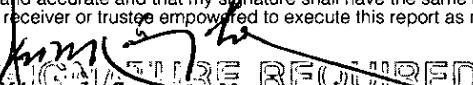
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jose Miguel Canas, Manager

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

3/11/02

(305) 866-1775

Date

Daytime Phone #

CR2E083 (901)