2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900002240 1. Entity Name NEXUS SALES LC						00 MAY -3 AM 10: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 1220 NORTH MARKET STREET. SUITE 606 WILMINGTON DE 19801 Mailing Address 1220 NORTH MARKET STREET. SU WILMINGTON DE 19801-2598				MITE 606					IEN 48N/148N	
2. Principal Place of Business 3. Mailing Address					—— I					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEIN	4. FEI Number Applied For Not Applicable				
Zip	Country	Country Zip Cou		try			\$5.00 Addi Fee Required			
6. Name and Address of Current Registered Agent				Name	7. Name	and Address of New	Registered /	Agent		
CORPORATE CREATIONS ENTERPRISES INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418				Street Address (P.O. Box Number is Not Acceptable)						
PALIN DEACH GANDENS IL 33416				City	FL Zip Code					
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 a	Agent signatu	re required when reinstati	ng) t	DATE					
FILE NOW!!! Make Check Payable										
9. MANAGING MEMBERS/MEMBERS			10.			ADDITION	S/CHANGES			
TITLE NAME STREET AUDRESS GITY-ST-ZIP	FIRST DIRECTORS LIMITED P.O. BOX 362							1		
TITLE RAME STREET ADDRESS CITY- ST- ZIP	MGR FIRST SECRETARIES LIMITED P.O. BOX 362 ROAD TOWN TORTOLA, BVI	☐ Delate		- 1				☐ Change	Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete					_	☐ Change	Addition	
TITLE MARKE STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1			_	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta						Change	Addition	
TITLE MAME STREET ADDRESS CITY-87-ZIP	-	☐ Deticta			·			Change 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND THE DESCRIPTION MANAGEMENT OF SECTION MANAGEMENT OF SECTION