2000 UNIFORM BUSINESS REPORT (UBR)

000039 AF

DOCUMENT # L99000004339

1. Entity Name
GREATNET INTERNATIONAL TRADING L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 15 PM 1:58

Principal Place of Business	Mailing Address
1000 E ATLANTIC BLVD SUITE 205F POMPANO BEACH FL 33060	1000 E ATLANTIC BLVD SUITE 205F POMPANO BEACH FL 33060-7483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1000 E Atlantic BLVD	SAME AS # 2.
Suite, Apt. #, etc. SUITE # 206 J	Suite, Apt. #, etc.
City & State Pompano Beach	City & State SAME
Zip 33060 Country USA	Zip Country

4. FEI Number ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name CORTOPASSI, MARCIO
Street Address (P.O. Box Number is Not Acceptable) 1000 E ATLANTIC BLVD Suite 206-J
City Pompano Beach FL Zip Code 33060

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 X [signature] 02/01/2000
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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CORTOPASSI, MARCIO	NAME	
STREET ADDRESS	1000 E ATLANTIC BLVD SUITE 205F	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	000003148370--4 ☐ Change ☐ Addition
NAME		NAME	-02/25/00--01100--020
STREET ADDRESS		STREET ADDRESS	*****50.00 *****50.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (9/99)

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: X SIGNATURE REQUIRED 02/01/2000 (954) 9437333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #