

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004850

1. Entity Name

R2 INTERNET VENTURES, L.L.C.

FILED

00 FEB -3 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

100 ALMERIA AVENUE, SUITE 360  
CORAL GABLES FL

Mailing Address

100 ALMERIA AVENUE, SUITE 360  
CORAL GABLES FL 33134-6027



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2121 POUCE DE LEON BLVD.

3. Mailing Address

2121 POUCE DE LEON BLVD.

Suite, Apt. #, etc.

1220

Suite, Apt. #, etc.

1220

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0940330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, J. LUIS

338 MINORCA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

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 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

TITLE NAME MGR  
STREET ADDRESS RAFAEL URBINA QUINTERO  
CITY - ST - ZIP 100 ALMERIA AVENUE, SUITE 360  
CORAL GABLES FL

TITLE NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE NAME MANAGER  
STREET ADDRESS RAFAEL URBINA Q  
CITY - ST - ZIP 2121 POUCE DE LEON BLVD. #1220  
CORAL GABLES, FL 33134

TITLE NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CP2E083 (9/99)