2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900005064 1. Entity Name COMPREDIRECTOUSA.COM, LLC					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
					00 JUL 10	AM 9: 25		
Principal Place of Business Mailing Address Address Mailing Address Mailing Address					00002			
2929 E. COMMERCIAL BLVD SUITE 701 2929 E. COMMERCIAL BLVD FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-4:					· M			
					TE DISTRICTURA DE LA CONTRACTORIO) 11: 881: 881: 881: 8818: 81:1: 881:8	11111 (18 1 1 18 1	
2. Principal F	Place of Business	3. Mailing Address	-	1				
21218 St. Andrews Blvd. 21218 St. And Suite, Apt. #, etc. Suite, Apt. #, etc.			drews Bl	vd.	DO NOT WRITE IN THIS SPACE			
#116 #116								
City & State Boca Raton, FL City & State Boca Raton,			FL		4. FEI Number Applied For Not Applied by Not Applie			
Zip Country Zip			Country		5. Certificate of Status Desired Status Desired Fee Required			
33433	USA 6. Name and Address of Current i	33433 Registered Agent	USA	7. Name	and Address of New R		, _ =	
Name Zylberberg, Javier								
ZYLBERBERG, JAVIER Street Address (F					P.O. Box Number is Not Acceptable) St. Andrews Blvd.			
FT. LAUDERDALE FL 33308				16				
				oca Rato	a Raton FL Zip Code 33433			
8. The above named entity submits this state fent for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE Javier Zylberberg, Managing Member 7/7/00 Signature, typed or printed rapide cylegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$50.00								
		Make Check Pay						
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/	CHANGES		
TITLE , '.'.	MGRM AND	☐ Ocieta	TITLE	MGRM Javier	Zylberberg	☆ Change	Addition S	
NAME STREET ADDRESS	ZYLBERBERG, JAVIER 2929 E. COMMERCIAL BLVD., SU	ITE 701	STREET ADDRESS	21218 S	t. Andrews			
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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 russee employeded to execute this report as required by Chapter 608, Florida Statutes.								
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SIGNAT	TIPE. ACTOR	AND THE PROPERTY OF A SERVICE O	ロエー・ワン・エンク		~~ J	DCT CO. Jo	0 3000	