# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000005406

1. Entity Name

WORLD WIDE ENGINEERING & CONSULTING, L.L.C.

FILED

01 MAR 23 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 999 BRICKELL AVENUE<br>SUITE 700<br>MIAMI FL 33131 | 999 BRICKELL AVENUE<br>SUITE 700<br>MIAMI FL 33131 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4750 NORTHERN PACIFIC DR | 4750 NORTHERN PACIFIC DR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: JACKSONVILLE FL | City & State: JACKSONVILLE FL |
| Zip: 32257 Country: USA | Zip: 32257 Country: USA |

4. FEI Number: 65-0947649 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| VILLEGAS, HIRAM<br>999 BRICKELL AVENUE<br>SUITE 700<br>MIAMI FL 33131 | Name: MITCHELL D. MOONEYHAM<br>Street Address (P.O. Box Number is Not Acceptable): 4750 NORTHERN PACIFIC DR.<br>City: JACKSONVILLE **FL** Zip Code: 32257 |

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: Mitchell D. Mooneyham — Signature, typed or printed name of registered agent and title if applicable. MITCHELL D. MOONEYHAM (NOTE: Registered Agent signature required when reinstating) DATE: 3-20-2001

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS / MEMBERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>VILLEGAS, HIRAM<br>999 BRICKELL AVENUE SUITE 700<br>MIAMI FL 33131 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGING MEMBER<br>Robert S. JACKSON<br>611 CINDY COURT<br>JACKSONVILLE, FL 32259 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGING MEMBER<br>LAWRENCE B. KAYE<br>8016 JAMES ISLAND TRAIL<br>JACKSONVILLE, FL 32256 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 700003930[illegible]<br>-03/29/01--01100--029<br>*****50.00 *****50.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E083 (11/00)

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:** [illegible] ROBERT S. JACKSON Mg. Member — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date: 3/20/2001 — Daytime Phone #: 904-230-0094