2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #**

APPROYE

1. Entity Name					0.444.0	DM 0. 0	. 3
NUM'ERE US, L.C.					OI MAY 18 PM 3: 33		
					SECRETARY	OF STAT	E
Principal Plac	e of Business	Mailing Address			TALLAHASSE	E, FLORI	iDA
	LUE LAGOON DRIVE	5201 BLUE LA	GOON 1	DRTVE			
MIAMI, FLORIDA 33126 MIAMI, FLORIDA				33126			
·		,					
2. Principal Place of Business 3. Mailing Address							
Suite, Apt.	# etc	Suite, Apt. #, etc.		DO NOT WRITE IN TH	IS SPACE		
Odito, Apt.	w, 0.00.	33.0,1					
City & State	8	City & State		4. FEI Number 65-0349099		Applied For	
		 		atro-	Not Applicate of Cartin Program \$5.00 Additional		Not Applicable
Zip	Country	Zip	Coun	iu y	5. Certificate of Status Desired	Fee Requi	
	6. Name and Address of Curren	nt Registered Agent			7. Name and Address of New Registere	d Agent	
				Name			1
JOVANOVIC, DOUGLAS				Street Address (P.O. Box Number is Not Acceptable)			
_	UTHEAST 24th AVENUE NO BEACH, FL 33062			_			
POMPAI	NO BEACH, IL 33002						
		•		City	F	L Zip Co	ode
R The shove	named entity submits this statement	for the purpose of changing	its register	ed office or regist	tered agent, or both, in the State of Florida.		
v. mo aboro	Tuniou cristy outside the outside the				•		
SIGNATURE .	Signature, typed or printed name of registered age	and title Warrellands	OTE: Besiders	d Agent signature requi	ired when reinstating) DAT	<u> </u>	
	Signature, typed or printed name of registation age	TO BE THE OWN				2330	18 #
				FEE IS \$50.0			
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9.	MANAGING MEM				ADDITIONS (CHANG	ES	
TITLE	MGR	Delete	m	··· · · · · · · · · · · · · · · · · ·		Change	e Addition
NAME	REILLET, MICHEL		NAM	Œ			ļ
STREET ADDRESS	10 RUE ERARD			EET ADDRESS			
CITY-ST-ZIP	75012 PARIS, FRANC		1 177	/-ST-ZIP		☐ Change	e Addition
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STREET ADDRESS	AGNES, MICHEL 100RUE ERARD			EET ADORESS			1
CITY-ST-ZIP	75012 PARIS, FRANC	E	cm	(-ST-ZIP			
TITLE	MGR-	☐ Delete	TITL		***	Change	e Addition
NAME	SORMITT, ALAIN	•	NAM	RE EET ADDRESS			}
STREET ADDRESS CITY-ST-ZIP	10 RUE ERARD	ne.	- 4	/-ST-ZIP			
TITLE	75012 PARTS, FRANC	Delete	; ; ; m.	£		Change	e Addition
NAME		trace traceable	NAM				
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NAME STREET ADDRESS				EET ADORESS			ŀ
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TITLE		☐ Delete	πı	£		☐ Chang	ge 🔲 Addition
NAME			NAA				!
STREET ADDRESS				EET ADDRESS Y-ST-ZIP			
CITY-ST-ZIP	antifustant the information couldn't	dt this filing dags not qualify			Section 119.07(3Vi) Florida Statutes, I further	certify that th	e information
11. I nereby	ceruly that the information supplied w	rian and timing oces not quality	HO THE COM	o local affect se	Section 119.07(3)(i), Florida Statutes, I further if made under path; that I am a managing mer	nber or mane	ager of the

indicated on this report limited liability company signature shall have the same legal effect as if made under cath; that I ar vered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE