

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006034

1. Entity Name
LINGUANET, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -7 PM 3:14

Principal Place of Business
1172 SOUTH DIXIE HIGHWAY, PMB 398
CORAL GABLES FL 33146-2918

Mailing Address
1172 SOUTH DIXIE HIGHWAY, PMB 398
CORAL GABLES FL 33146-2918



2. Principal Place of Business
3048 INDIANA STREET

3. Mailing Address
3109 GRAND AVE

Suite, Apt. #, etc.

120

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
COCONUT GROVE, FL

Zip
33133

Country
USA

Zip
33133

Country
USA

4. FEI Number 65-0949808

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PITTINARI, LAURA
3098 INDIANA STREET
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name PITTINARI, LAURA

Street Address (P.O. Box Number is Not Acceptable)
3048 INDIANA STREET

City MIAMI FL Zip Code 33133

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

700003907587--7
-03/23/01--01054--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|------------------|---------------------------------------|---------------------------------|
| | MGRM | PITTINARI, LAURA | 3098 INDIANA STREET MIAMI FL 33133 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------|--|--|-----------------------------------|
| | MGRM | PITTINARI, LAURA | 3048 INDIANA STREET MIAMI, FL 33133 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

0009768 AF

CR2E083 (11/00)