

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0006339
AF

DOCUMENT # L99000006546

1. Entity Name
NETT*WORLD, L.C.

00 APR -6 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
190 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432

Mailing Address
190 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432-3828

mf



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-0957931

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PETER J SNYDER, P.A.
190 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432

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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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MGRM
CHRISTIAN ROGELIN
559 NE 7 AVE
FORT LAUDERDALE FL 33301

200003217532--3
04/20/00-01108-018
*****50.00 *****50.00

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: SIGNATURE RECARROSTAM ROGELIN 4/8/00 (EG) 393-6551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #