2001 UNIFORM BUSINESS REPORT (UBR)

| 2001 UNIFORM BUSINESS REPURT (UBR) | | | | | | | | |
|--|---|--------------------------------------|---------------------------------------|--|---|-----------------------|------------|--|
| DOCUMENT # L9900006546 | | | | | | | | |
| NETT'WORLD, L.C. | | | | | FILED | | | |
| Bringing Dis | an of Pusi- | Mailing Address | | 20 | 01 APR 27 PM 1:2 | 9 | | |
| 190 WEST P | Principal Place of Business Mailing Address ' 190 WEST PALMETTO PARK ROAD 190 WEST PALMETTO PAI BOCA RATON FL 33432 BOCA RATON FL 33432 | | | DIVI | DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA | | | |
| 2. Principal F | Place of Business , 0 A | 3. Mailing Address | | | | | | |
| 3007 Yamato Wad Clo Regency Suite, Apt. #, etc. Suite, Apt. #, etc 3007 Varia | | | , Car Wa | <u>sh</u> | DO NOT WRITE IN THIS SPACE | | | |
| City & State Raton FL City & State Rail | | | | 4. FEI Number Applied Fo | | pplied For | | |
| Zip 33434 Country Zip 33434 | | | Country | 5. Cert | 5. Certificate of Status Desired \$5.00 Additional Fee Required | | | |
| | 6. Name and Address of Current F | Registered Agent | Name D | 7. Nam | e and Address of New Registe | ered Agent | | |
| 1 Ct | | | | cter V | · Snyder P. | <u> </u> | | |
| 190 WEST PALMETTO PARK ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| BOCA RATON FL 33432 | | | SGP Yamato Road # 200 | | | | | |
| Doca Katon FL 33431 | | | | | | | 431 | |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| | | | | | | | 3. | |
| | | Make Check Pa | | | -U5/15/U1 ****50.0 | | | |
| 9. | MANAGING MEMBE | RS/MEMBERS | 1 10. | | ADDITIONS/CHAN | IGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROGELIN, CHRISTIAN 559 NE 7TH AVE. FORT LAUDERDALE FL 33301 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | - | ☐ Change | Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | <u> </u> | | CITY-ST-ZIP TITLE | | · . | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | _ · , · | } | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
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| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | | CITY-ST-ZIP TITLE | | 1, | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | , | 70 | | _ | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE NAME | 1 | ☐ Delete | TITLE NAME | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | STREET ADDRESS | 8 + I | | | } | |
| 11. I hereby c | ertify that the information suppled with the | his/filling does not qualify for the | CITY-ST-ZIP ne exemption stated | In Section 119.0 | 7(3)(i), Florida Statutes. I furthe | r certify that the in | nformation | |
| 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 regeiver of trustate 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 Dayline Phone # | | | | | | | | |