2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)								APPROVED					
DOCUMENT # L9900007029							AND FILED						
1. Entity Name E COMMERCE VENTURES, LLC								00 F	EB 28 F	M 12. 11	:		
Principal Plac	e of Business	Mai	Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA						
360 CORPORATE WAY			360 CORPORATE WAY							···comb	F *.		
ORANGE PAR	K FL 32073	OF	ANGE PARK FL 32070	3-2895				1881:211 010 10110 (B):1					
_													
2. Principal Place of Business			3. Mailing Address				**************************************						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State				4. FEI Number 4. 9 Applied For Not Applicable					or	
Zip Country			Zip Countr			ያ መመስ መመስ መመስ መመስ መመስ መመስ መመስ መመስ መመስ መመ				Not Applic	cable		
					· · · · · ·			cate of Status Des	e of Status Desired Fee Required 1 Address of New Registered Agent				
	6. Name and Address	of Current Registe	ered Agent		Name		7. Name	and Address of N	ew Hegistere	a Agent			
INTRASTATE REGISTERED AGENT CORPORATION					Street A	Street Address (P.O. Box Number is Not Acceptable)							
701 BRICKELL AVE., STE 3000 MIAMI FL 33131													
MIAMI I E 00 10 1						FL Zip Code							
9 The chave	named entity submits this s	rnoco of obanging its	rogietor	City	r ragietars	d agent o	y both in the State		L				
o. The above	named entity submits this s	statement for the po	rpose or changing its	s register	ea onice o	registere	agent, c	i bolii, iii liie olale	or riorida.				
SIGNATURE .	Signature, typed or printed name of re	egistered agent and title if	applicable. (NOT	E: Registere	d Agent signat	ure required t	when reinstatir	9)	DATE			-	
			FILE N	OWIII	FEE IS \$	50.00				Ψ.			
			Make Check Pa				State						
9.	MANAG	ING MEMBERS/MI	EMBERS	10.	-		·	ADDITI	ONS/CHANGI	ES .		-	
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NAME BTREET ADDRESS					E Et address	3661	ANAGING MEMBER Change Madellion ON CHEPETER ON WEXTER 1- June 20. C.						
CITY- ST- ZIP				-	- 8T- ZLP	JACK	ر محمودی	ne Fi	37224	· 			
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NAME STREET ADDRESS)				NAM Stre	E Et address				ÿ	58-O	\mathcal{O}	Į	
CITY-ST-ZIP					- ST-ZIP			7/0////		· UU	. , .		
11. I hereby of indicated limited lies	ertify that the information so on this report is true and ac bility company or the receiv	upplied with this filin ocurate and that my ver or trustee enters	no does not qualify to digrature shall have sered to execute his	the exe	mption sta e legal effe e remired l	ted in Sec ct as if ma by Chapte	ction 119.0 ade under er 608. Flo	7(3)(i), Florida Stat oath; that I am a n rida Statutes	ites. I further o lanaging mem	ertity that the ber or manag	intormation ger of the	on	
ornicu iidi	only company of the receiv					-, Snapte	. 555,110	Julian State of State	<u> </u>				
SIGNAT	URE: SIC	/ <i>/</i>			D			6/00	904.	278-51	109		
	SIGNATURE AND	TYPED OF PRINTED NAM	IE OF SIGNING MANAGING	MEMBER C	OR MANAGER			Date		Daytime Phone #	7		