

2001 UNIFORM BUSINESS REPORT (UBR)

0011601 AF

DOCUMENT # M00000000434

1. Entity Name
DEGREE.COM, LLC

FILED

01 FEB 15 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

511 NE THIRD AVE
2ND FLOOR
FT LAUDERDALE FL 33301

Mailing Address

511 NE THIRD AVE
2ND FLOOR
FT LAUDERDALE FL 33301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0968906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENNETT, JOSH
511 NE THIRD AVE
2ND FLOOR
FT LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
William Denizig, GP-member
Oxbridge Limited Partnership
2574 N. UNIVERSITY DR. #20,
SUNRISE FL. 33322

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
member
Josh Bennett
5400 N. 35th St
Hollywood, FL 33221

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
member
Enrique Serna
PO Box 112834
Miami, FL 33111

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100003708691-4

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
-02/19/01--0841-085
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

William Denizig, GP-member

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

Date

Daytime Phone #

1/23/01 (954) 572-5493

CR2E083 (11/00)