## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P94000067176 1. Entity Name

INTEGRATED HOLDINGS INC.

## **FILED** May 17, 2002 8:00 am Secretary of State 05-17-2002 90029 009 \*\*\*150.00

Principal Diagram	<u>-</u>	<del>_</del>					
3440 NW 203 ST MIAMI FL 33056	pal Place of Business Mailing Address WW 203 ST 3440 NW 203 ST FL 33056 MIAMI FL 33056						
2. Principal Place of E	Business	<del></del>				lii <b>aa</b> nn <b>aa</b> na ann ia	281 (12)1 (2218 2111 160
<del></del> _		3. Mailing Address				() <b>44</b> )() <b>44</b> () <b>4</b> () ()	81 (1811 18 <b>91 8</b> 81) 1 <b>89</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.				serri entin Atliti 190	ens sente s <b>ublik f</b> ilts ( <b>AB</b>
City & State		Julio, Apr. #, etc.			DO NOT WRIT	E IN THIS SPACE	_
ony & state	· · · · · · · · · · · · · · · · · · ·	City & State			<u></u>	E IN THIS SPACE	Ė
Zip	Country	<del> </del>		1	4. FEI Number 65-0560075		Applied For
		Zip	Country				Not Applicable
6. Na	me and Address of Current F	Registered Agent			5. Certificate of Status Desired	□ \$8.7	5 Additional equired
OLAWALE, OLALEY				Vame	<ol><li>Name and Address of New Re</li></ol>	gistered Agent	equired
3440 NW 203 ST	re e		<u> </u>				
MIAMI FL 33056			S	treet Address (P.	D. Box Number is Not Acceptable)		
mr4m 1 E 00006			<u> </u>			<del></del>	_
			<u> </u>		<del></del> -		
The above named en	tity submits this statement (			ity	agent, or both, in the State of Florid	FL Zip	Code
	any observing this statement for t	he purpose of changing it	its registered of	fice or registered	agent, or both, in the State of Eq.		
311/A10/AE					Sent of South, in the State of Florid	ia.	
Signature, type	ed or printed name of registered agent and	title if applicable. (NO:	TE Parks		_		
This corporation is elic	Oible to satisfy its 1		negistered Agen	t signature required whe	reinstating)	DATE	
Tax filing requirement (See criteria on back)		After May 1 20	!!!! FEE IS \$	150.00	10 5		
		After May 1, 20 Make Check Payat	JUZ Fee Will b ble to Denort	e \$550.00	-10. Election Campaign Finance Trust Fund Contribution.		5.00 May Be
PD	OFFICERS AND DIF	RECTORS			Tast I and Contribution.	☐ Ãd	ded to Fees
		iLC IONS	12		_ <del></del> _		
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3. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed; or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR