

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90091 029 \*\*\*\*50.00

DOCUMENT # L01000019457

1. Entity Name

INTERNATIONAL TEACHERS RECRUITMENT, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2875 South Ocean Blvd

Suite, Apt. #, etc.

Suite 212

City & State

PAUM BEACH FL

Zip

33480

Country

USA

3. Mailing Address

2875 South Ocean Blvd

Suite, Apt. #, etc.

Suite 212

City & State

PAUM BEACH FL

Zip

33480

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1154612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT ROSS

Street Address (P.O. Box Number is Not Acceptable)

3140 South Ocean Blvd

City

PAUM BEACH

FL

Zip Code

33480

**DO NOT WRITE  
IN THIS SPACE**

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

X Robert Ross

ROBERT ROSS, PRESIDENT

X

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1 SEPT 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	<u>PVP ST</u>
NAME	<u>ROBERT ROSS</u>
STREET ADDRESS	<u>3140 South Ocean Blvd</u>
CITY-ST-ZIP	<u>PAUM BEACH FL 33480</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

Robert Ross

ROBERT ROSS

X 9/15/02

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