

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90270 027 ****55.00

967292



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000001551

1. Entity Name

INTERNATIONAL RESOURCE FACILITATORS, LLC

Principal Place of Business

Mailing Address

~~6043 NW 167TH STREET, A-2~~
~~MIAMI FL 33015~~

~~6043 NW 167TH STREET, A-2~~
~~MIAMI FL 33015~~

2. Principal Place of Business

3. Mailing Address

INTERNATIONAL RESOURCE FACILITATORS (Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7315 SW 87th Avenue Suite #200

City & State

City & State

MIAMI

FL

Zip

Country

Zip

Country

33173

4. FEI Number

65-0994335

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAMA, MOISES

~~2851 N. 38TH AVENUE~~
~~HOLLYWOOD FL 33021~~

Name

SALAMA, Moises

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

7315 SW 87th Avenue #200

City

FL

Zip Code

33173

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **M** ☐ Delete
NAME **LOZANO, JAIME**
STREET ADDRESS **1364 BISCAYNE DRIVE**
CITY-ST-ZIP **SURFSIDE FL 33154**

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

TITLE **M** ☐ Delete
NAME **KENIGSBERT, DAVID N**
STREET ADDRESS **1115 CHERRY PALM LANE**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

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

TITLE **M** ☐ Delete
NAME **SALAMA, DANIEL**
STREET ADDRESS **4917 SW TERRACE**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **M** ☐ Delete
NAME **PEREZ, JORGE**
STREET ADDRESS **7315 SW 87TH AVE., #200**
CITY-ST-ZIP **MIAMI FL 33173**

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

TITLE **M** ☐ Delete
NAME **SALAMA, MOISES**
STREET ADDRESS **2851 N 38TH AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☒ Change ☐ Addition
NAME **SALAMA, Moises**
STREET ADDRESS **7315 SW 87th Avenue**
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

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

Date

Residing Phone #

4/29/02

CR2E083 (9/01)