

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003235

1. Entity Name
INTERMARKETING MEXICO LLC

FILED

01 MAY 16 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI FL 33133

Mailing Address
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI FL 33133

2. Principal Place of Business
3326 Mary Street

3. Mailing Address

Suite, Apt. #, etc.
Suite 603

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33133

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI FL 33133

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)

500004418705--7

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

-06/14/01--01003--014

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Navarro, Carlos Mauricio 3326 Mary Street, Suite 603 Miami, Florida 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature of Carlos Mauricio Navarro

Carlos Mauricio Navarro 4/27/01 (305) 444-3177

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

Date

Daytime Phone #

0003918 AF

CR2E083 (11/00)