

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009807

1. Entity Name
INTEGRAL INTERNATIONAL, LLC

FILED

01 APR 23 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~4120 LAGUNA STREET~~
~~CORAL GABLES FL 33134~~

~~4120 LAGUNA STREET~~
~~CORAL GABLES FL 33134~~



2. Principal Place of Business

3. Mailing Address

250 Catalonia Ave

250 Catalonia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 601

Ste 601

City & State

City & State

Coral Gables, FL

Coral Gables FL

Zip

Country

Zip

Country

33134

USA

33134

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NEILL, JEFFREY T
225 ALCAZAR AVENUE
CORAL GABLES FL 33134

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

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME Director
STREET ADDRESS Jose Roque
CITY-ST-ZIP 250 Catalonia Ave Ste 601
Coral Gables, FL 33134

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

TITLE ☐ Delete
NAME Director
STREET ADDRESS Jeffrey T. O'Neill
CITY-ST-ZIP 250 Catalonia Ave Ste 601
Coral Gables, FL 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-18-01

305-476 0505

CR2E083 (11/00)