

2002 UNIFORM BUSINESS REPORT (UBR)

0007618

DOCUMENT # L00000012659

1. Entity Name

INTERMARKETING HOLDINGS LLC

FILED

02 MAY 13 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3326 MARY ST., STE. 603
COCONUT GROVE FL 33133

Mailing Address

2665 SOUTH BAYSHORE DR., STE. 703
MIAMI FL 33133

2. Principal Place of Business

2833 Bird Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-1061857

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DR., STE. 703
MIAMI FL 33133

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR
NAVARRO, CARLOS M ☐ Delete
STREET ADDRESS 3326 MARY ST., STE. 603
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Manager ☒ Change ☐ Addition
STREET ADDRESS Navarro, Carlos Mauricio
CITY-ST-ZIP 2833 Bird Avenue
Miami, Florida 33133

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300005504469--8
CITY-ST-ZIP -05/13/02--01002--024

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ***2778.75 *****50.00
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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**

Albert J. Lazo 4/30/02 (305) 858-9900

CR2E083 (9/01)

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

Date

Daytime Phone #