

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

**FILED**  
**Jun 06, 2002 8:00 am**  
**Secretary of State**

06-06-2002 90088 004 \*\*\*\*50.00

DOCUMENT # **L 01000000583**

1. Entity Name

**INTERNATIONAL COMPANY SERVICES (USA) LLC**

**DO NOT WRITE IN THIS SPACE**

**968752**

2. Principal Place of Business

**1591 E. ATLANTIC BLVD.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**200**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**POMPAÑO BEACH, FL.**

City & State

4. FEI Number

**65-0965032**

Applied For

Not Applicable

Zip

**33060**

Country

**BROWARD**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**CARLTON MANAGEMENT INC.**

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

**1591 E. ATLANTIC BLVD.**

City

**POMPAÑO BEACH**

FL

Zip Code

**33060**

**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

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

**6/5/02**  
DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**M/M**

**HAROLD DEBROSKEY**

**P.O. BOX 55-19044, WEST BAY ST.**

**NASSAU, BAHAMAS**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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:

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

**6/5/02 954-943-1492**  
Date Daytime Phone #

CR2E083B (12/01)