

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90004 045 ****50.00

DOCUMENT # L01000001499

1. Entity Name

ICS INTERNATIONAL CONSULTING SERVICES, LLC



Principal Place of Business

Mailing Address

**1370 WASHINGTON AVE.
#312
MIAMI FL 33139**

**1370 WASHINGTON AVE.
#312
MIAMI FL 33139**

2. Principal Place of Business

3. Mailing Address

**4011 NORTH MERIDIAN AV.
Suite, Apt. #, etc.
APT 36**

**4011 NORTH MERIDIAN
Suite, Apt. #, etc.
APT 36**

City & State

City & State

MIAMI Beach FL

MIAMI Beach FL

Zip

Country

Zip

Country

33140

USA

33140

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1110643**

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

**PAZ, ANGELICA
1370 WASHINGTON AVE.
#312
MIAMI FL 33139**

Name **PAZ, ANGELICA**

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

4011 NORTH MERIDIAN AV. Apartment 36

City **MIAMI BEACH**

FL

Zip Code **33140**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**
NAME **PAZ, ANGELICA**
STREET ADDRESS **1370 WASHINGTON AVE. #312**
CITY-ST-ZIP **MIAMI FL 33139**

☐ Delete

TITLE **MGR**
NAME **PAZ, ANGELICA**
STREET ADDRESS **4011 NORTH MERIDIAN AV. #36**
CITY-ST-ZIP **MIAMI, FL 33140**

☒ Change

☐ Addition

TITLE **MGR**
NAME **TOSUNIAN, SERGIO**
STREET ADDRESS **1370 WASHINGTON AVE. #312**
CITY-ST-ZIP **MIAMI FL 33139**

☐ Delete

TITLE **MGR**
NAME **TOSUNIAN, SERGIO**
STREET ADDRESS **4011 NORTH MERIDIAN AV. #36**
CITY-ST-ZIP **MIAMI FL 33140**

☒ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ 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]

SIGNATURE REQUIRED

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

01-29-03

Date

786-2814767

Daytime Phone #

CR2E083 (10/02)