

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90298 001 ***250.00

DOCUMENT # **201000004639**

1. Entity Name

INTEGRA CONSULTING TEAM LLC

Principal Place of Business

Mailing Address

1200 BRICKELL AVE. SUITE 900
 C/O AGI REGISTERED AGENTS INC.
 MIAMI FL 33131

2. Principal Place of Business

1200 Brickell Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite 900

City & State

Miami Florida

Zip
33131

Country
U.S.A

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1077916

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AGI REGISTERED AGENTS, INC.
 1200 BRICKELL AVE. SUITE 900
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **AGI Registered Agents Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue
Suite 900
 City **Miami** FL Zip Code **33131**

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]
 President

4/30/02

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 STREET ADDRESS CITY-ST-ZIP	MGRM Rosengvist, Diana 1250 E Hallandale Blvd. Hallandale, Fl. 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>[Signature]</i> Rosengvist, Diana 1250 E Hallandale Blvd. Hallandale, Fl. 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dressler, Patricia 1250 E Hallandale Blvd. Hallandale, Fl. 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gil Adi, Daniel 1250 E. Hallandale Blvd. Hallandale, Fl. 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tomassi, Giani 1250 E. Hallandale Blvd. Hallandale, Fl. 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fishbach, Max 1250 E. Hallandale Blvd Hallandale, Fl. 33009	<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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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]
 Atty in fact

4/30/02

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