

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90348 028 ****50.00

DOCUMENT # L01000020103

1. Entity Name

INTERNATIONAL AMERICAN FINANCIAL GROUP, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

8700 W FLAGLER ST

3. Mailing Address

8700 W FLAGLER ST

Suite, Apt. #, etc.

SUITE 260

Suite, Apt. #, etc.

SUITE 260

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1157627

Applied For

Not Applicable

Zip

33174

Country

USA

Zip

33174

Country

USA

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JOSE E SARAVIA

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

16333 DEERING BAY DRIVE

City

CORAL GABLES

FL

Zip Code

33158

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
BUIRAGO, OMAIRA O
8700 W FLAGLER ST
MIAMI, FL 33174

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
SARAVIA, JOSE E
8700 W FLAGLER ST
MIAMI, FL 33174

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
MEDINA, GABRIEL
8700 W FLAGLER ST
MIAMI, FL 33174

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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STREET ADDRESS
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STREET ADDRESS
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:

Omaira Buitrago

4/22/02

305-480-4898

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

Date

Daytime Phone #