


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

**FILED**  
May 27, 2003 8:00 am  
Secretary of State

05-02-2003 90757 049 \*\*\*\*50.00

**DOCUMENT #** *L02000006306*  
1. Entity Name  
**INTEGRATED GLOBAL RESOURCES LLC**



**DO NOT WRITE IN THIS SPACE**

44002543

2. Principal Place of Business <b>255 ALHAMBRA CIRCLE</b> Suite, Apt. #, etc. <b>640</b> City & State <b>CORAL GABLES, FL.</b>		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip <b>33134</b>	Country	Zip	Country

4. FEI Number  
**03-0406020**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

Applied For  
Not Applicable

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7. Name and Address of Current Registered Agent

Name  
**RAFAEL VILLOLDO**

Street Address (P.O. Box Number is Not Acceptable)  
**255 ALHAMBRA CIRCLE**

**SUITE #640**

City  
**CORAL GABLES** **FL** Zip Code  
**33134**

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]* DATE

**FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
**DUE BY MAY 11**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RENE GARCIA / MANAGER</b> <b>255 ALHAMBRA CIRCLE, #640</b> <b>CORAL GABLES, FL. 33134</b>
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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]* **DATE** **Daytime Phone #**

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