

**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**



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**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 <b>03-0406020</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>RAFAEL VILLOLDO</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>255 ALHAMBRA CIRCLE</b>	
<b>SUITE #640</b>	
City <b>CORAL GABLES</b>	FL Zip Code <b>33134</b>

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

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

Date

Daytime Phone #