

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000010717

FILED
Apr 29, 2003
Secretary of State

Entity Name: INTERNATIONAL PROJECT CONTROL, LLC

Current Principal Place of Business:

8180 NW 36TH ST., STE. 100
MIAMI, FL 33166

New Principal Place of Business:

1725 MAIN STREET
205
WESTON, FL 33326

Current Mailing Address:

8180 NW 36TH ST., STE. 100
MIAMI, FL 33166

New Mailing Address:

1725 MAIN STREET
205
WESTON, FL 33166

FEI Number: 01-0694243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOVAR, JOSE G
ARIAS TOVAR & ASSOCIATES, P.A.
8180 NW 36TH ST., STE. 100
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

TOVAR, JOSE G
ARIAS TOVAR & ASSOCIATES, P.A.
1725 MAIN STREET, SUITE 205
WESTON, FL 33326 US

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:

04/29/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CHLECHOWITZ, DIETER
Address: 8777 COLLINS AVE., STE. 309
City-St-Zip: SURFSIDE, FL 33154

Title: MGR () Delete
Name: ROMERO, GUILLERMO
Address: 993 SHADYSIDE LANE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GUILLERMO ROMERO

MGR

04/29/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date