

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0001170

DOCUMENT # L02000016256

1. Entity Name

INTERNATIONAL GROWTH INVESTMENT, LLC



FILED

2003 JUL 23 AM 10:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

825 BRICKELL BAY DRIVE, #1443
MIAMI FL 33131

825 BRICKELL BAY DRIVE, #1443
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

801 Brickell Bay Dr

1800 West 49th Street

Suite, Apt. #, etc.
APT 1566

Suite, Apt. #, etc.
STE 301

City & State
MIAMI FL

City & State
HIALEAH FL

Zip
33131

Zip
33012

4. FEI Number
22-3869457

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOVAR, ILEANA ARIAS ESQ
1725 MAIN STREET, SUITE NO. 205
WESTON FL 33326

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/11/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BORJAS, ELIZABETH
825 BRICKELL BAY DRIVE, #1443
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600021742296
07/23/03--01036--002 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VAIANA B., ERICK
825 BRICKELL BAY DRIVE, #1443
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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: SIGNATURE REQUIRED

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

Date

Daytime Phone #

7/21/03

CR2E083 (4/03)