

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90074 044 ****50.00

DOCUMENT # L02000018325

1. Entity Name

P.L.G. INTERNATIONAL, LLC



Principal Place of Business

6955 HANGING MOSS ROAD, SUITE 106
ORLANDO FL 32807

Mailing Address

6955 HANGING MOSS ROAD, SUITE 106
ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0476698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, DANIEL
6955 HANGING MOSS ROAD, SUITE 106
ORLANDO FL 32807

7. Name and Address of New Registered Agent

PROFESSIONAL ACCOUNTANTS & CONSULTANTS PC
Street Address (P.O. Box Number is Not Acceptable)
6955 Hanging Moss Rd SUITE 106
City **ORLANDO** FL Zip Code **32807**

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, 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **P/T** ☐ Delete
NAME **JUAN S. PAEZ**
STREET ADDRESS **6480 METROWEST BLVD. #916**
CITY-ST-ZIP **ORLANDO, FL. 32835**

TITLE **VPI** ☐ Delete
NAME **MARY C. GARCIA**
STREET ADDRESS **6480 METROWEST BLVD #916**
CITY-ST-ZIP **ORLANDO FL. 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

MARY C. GARCIA

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

Date

Daytime Phone #

4/28/03 (407) 677-1194

0051015

CR2E083 (10/02)