FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90009 048 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020859

1. Entity Name
Intellego, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1200 Anastasia Avenue	1200 Anastasia Avenue
Suite, Apt. #, etc. Ste 390	Suite, Apt. #, etc. Ste 390
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134 Country USA	Zip 33134 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0420962 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Carlos Guerrero

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

1500 Bay Road, Apt 202

City Miami Beach, **FL** Zip Code 33139

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 _____ Carlos Guerrero 2-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Carlos Guerrero
STREET ADDRESS	1500 Bay Road, Apt 202
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	Director
NAME	Ramon Osuna
STREET ADDRESS	17970 SW 11 Ct
CITY-ST-ZIP	Pembroke Pines, FL 33029
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NAME	
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CR2E034B (12/02)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Carlos Guerrero 2/14/03 305-444-2153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #