

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90043 048 \*\*\*\*50.00

0026277

**DOCUMENT # L02000020936**

1. Entity Name

**INTERNATIONAL REAL ESTATE,LLC**



Principal Place of Business

**2625 EXECUTIVE PARK DR.  
5  
WESTON FL 33331**

Mailing Address

**2625 EXECUTIVE PARK DR.  
5  
WESTON FL 33331**

**20019203**



2. Principal Place of Business

**2225 N. COMMERCE PKWY  
Suite, Apt. #, etc.  
202**

3. Mailing Address

**2225 N. COMMERCE PKWY  
Suite, Apt. #, etc.  
202**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**WESTON, FL**

Zip Country  
**33326 USA**

City & State  
**WESTON, FLORIDA**

Zip Country  
**33326 USA**

4. FEI Number

**30-0103877**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**REBOREDO, GASTON  
2566 JARDIN WAY  
WESTON FL 33327**

7. Name and Address of New Registered Agent

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

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 **MANAGER** ☐ Delete  
NAME **GASTON REBOREDO**  
STREET ADDRESS **2225 N. COMMERCE PKWY, #202**  
CITY-ST-ZIP **WESTON, FL 33326**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

**GASTON REBOREDO 1/25/03 (954) 888 9771**

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

Date

Daytime Phone #

CR2E083 (10/02)