

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90071 007 ****50.00

0013651

DOCUMENT # L02000021388

1. Entity Name

**INTEGRATED ASSET PROTECTION & BUSINESS SOLUTIONS
, LLC**



Principal Place of Business

Mailing Address

1001 BRICKELL BAY DRIVE, STE. 2600
MIAMI FL 33131

1001 BRICKELL BAY DRIVE, STE. 2600
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

2655 LeJeune Rd

Suite, Apt. #, etc.

322

City & State

Coral Gables FL

City & State

Zip

33131

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ 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

RACINI, OSCAR GRISALES

1001 BRICKELL BAY DRIVE, STE. 2600

MIAMI FL 33131

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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME RACINI, OSCAR GRISALES
STREET ADDRESS 1001 BRICKELL BAY DRIVE, STE. 2600
CITY-ST-ZIP MIAMI FL 33131

TITLE MGRM ☒ Change ☐ Addition
NAME Racini, Oscar Grisales
STREET ADDRESS 2655 LeJeune Rd 322
CITY-ST-ZIP Coral Gables, FL 33131

TITLE MGRM ☐ Delete
NAME RODRIGUEZ, JACQUELINE F
STREET ADDRESS 1001 BRICKELL BAY DRIVE, STE. 2600
CITY-ST-ZIP MIAMI FL 33131

TITLE MGRM ☒ Change ☐ Addition
NAME Rodriguez, Jacqueline F
STREET ADDRESS 2655 LeJeune Rd 322
CITY-ST-ZIP Coral Gables, FL 33131

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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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

9/24/03 305 300
Date Daytime Phone # 0723

CR2E083 (10/02)