

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90004 015 \*\*\*\*50.00

**DOCUMENT # L02000023540**

1. Entity Name

**INTERNATIONAL MOVING CONSULTANTS, LLC**



Principal Place of Business

Mailing Address

14221 SW 129 COURT  
MIAMI FL 33186

14221 SW 129 COURT  
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**32-0064457**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00**

Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ORTIZ, JULIAN**  
**14221 SW 129 COURT**  
**MIAMI FL 33186**

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

*[Handwritten Signature]*

**JULIAN E. ORTIZ**

**02/19/2003**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	ORTIZ, JULIAN	14221 SW 129 COURT	MIAMI FL 33186	<input type="checkbox"/>
MGRM	DE SOUSA, FATIMA	14221 SW 129 COURT	MIAMI, FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*[Handwritten Signature]*

**02/19/2003**

**305-280-4459**

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

DATE

DAYTIME PHONE #

CR2E083 (10/02)