

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000596

1. Entity Name

INTERNATIONAL GLOBAL MARKETS LLC

Principal Place of Business

1591 E ATLANTIC BLVD  
SUITE 200  
POMPANO BEACH FL 33060

Mailing Address

1591 E ATLANTIC BLVD  
SUITE 200  
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CARLTON MANAGEMENT, INC.  
1591 E ATLANTIC BLVD  
SUITE 200  
POMPANO BEACH FL 33060

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.

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 Department of State

300004138573--0  
-05/07/01--01012--021  
\*\*\*2100.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TWENTY FIRST CENTURY SVCS.  
P.O. BOX 107, DUKE STREET  
GRAND TURK, TURKS & CAICOS ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CAMBRIDGE COMMODITIES LIMITED  
P.O. BOX 107, DUKE STREET  
GRAND TURK, TURKS & CAICOS ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

4/23/01

Date

954-943-1498

Daytime Phone #

FILED

01 APR 25 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

CR2E083 (11/00)

0007510 AF