

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90132 003 ****55.00

DOCUMENT # M01000002125

1. Entity Name
BORDERCOM INTERNATIONAL LLC

Principal Place of Business
5201 BLUE LAGOON DRIVE 9TH FLOOR
MIAMI FL 33126

Mailing Address
5201 BLUE LAGOON DRIVE 9TH FLOOR
MIAMI FL 33126

2. Principal Place of Business
3350 SW 148TH AVENUE

3. Mailing Address
3350 SW 148TH AVENUE

Suite, Apt. #, etc.
SUITE 135

Suite, Apt. #, etc.
SUITE 135

City & State
MIRAMAR, FLORIDA

City & State
MIRAMAR, FLORIDA

Zip
33027

Zip
33027



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1100930** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
BUSINESS FILINGS INCORPORATED
1000 WEST AVE. SUITE 1114
MIAMI BEACH FL 33139

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	<input type="checkbox"/> Delete	
NAME	NARINE, KIRWIN		
STREET ADDRESS	1019 SILVERSTON LANE		
CITY-ST-ZIP	CEDAR PARK TX 78613		
TITLE	MGRM	<input type="checkbox"/> Delete	
NAME	NARINE, KIRBY		
STREET ADDRESS	1019 SILVERSTON LANE		
CITY-ST-ZIP	CEDAR PARK TX 78613		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

10. ADDITIONS/CHANGES			
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NARINE, KIRWIN		
STREET ADDRESS	18520 NW 11th COURT		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NARINE, KIRBY		
STREET ADDRESS	18520 NW 11th COURT		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** **8-06-02 954 624 8000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)