

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

**FILED**  
**Sep 23, 2003 8:00 am**  
**Secretary of State**

09-23-2003 90023 022 \*\*\*\*55.00

**DOCUMENT # M01000002125**

1. Entity Name

**BORDERCOM INTERNATIONAL LLC**



Principal Place of Business

Mailing Address

**3350 SW 148TH AVENUE  
SUITE 135  
MIRAMAR FL 33027**

**3350 SW 148TH AVENUE  
SUITE 135  
MIRAMAR FL 33027**

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 **65-1100930**

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

7. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED  
1000 WEST AVE. SUITE 1114  
MIAMI BEACH FL 33139**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete  
NAME **NARINE, KIRWIN**  
STREET ADDRESS **18520 NW 11TH COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **TANISHA NARINE**  
STREET ADDRESS **17392 SW 33RD ST.**  
CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE **MGRM** ☐ Delete  
NAME **NARINE, KIRBY**  
STREET ADDRESS **18520 NW 11TH COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **KIRBY NARINE**  
STREET ADDRESS **17392 SW 33RD ST.**  
CITY-ST-ZIP **MIRAMAR, FL 33029**

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  
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  
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**

**8-25-03**

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

Date

Daytime Phone #

CR2E083 (4/03)