## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P00000038389 **DOCUMENT #**

1. Entity Name

**SIGNATURE:** 

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INTERGRATED GENERAL SERVICES, INC.



## **FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90191 001 \*\*\*300.00

Principal Place of Business 1541 N.E. 167 STREET NORTH MIAMI BEACH FL 33162 US			Mailing Address 7700 SW 135 AVE MIAMI FL 33183									
2. Principal Place of Business			3. Mailing Address								<b>                                    </b>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4		<b>4.</b> FEI Number <b>65-0996430</b>		Applied For Not Applicable		
Zip Country			Zip Coun			5.		5. Certificate of Status Desired		8.75 Additional Fee Required		
	6. <u>Name</u> a	nd Address of Current	Registered Agent				7. Name and Address of New Registered Agent					╢
MEDEROS 7700 SW MIAMI FL	135 AVE					Street Address	s (P.O. B	ox Number is Not Acceptable)				
						City			FL	Zip Cod	e	
the obligat	tions of registe	red agent. r printed name of registered agent.				ed office or regis		ent, or both, in the State of Florida  enstating)	DATE	miliar with,	and accept	
Aftei	r May 1, 2003	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	f State					Election Campaign Financ Trust Fund Contribution.		Added	May Be to Fees	
10.		OFFICERS AND	DIRECTORS	<u> </u>	11.		AD	DDITIONS/CHANGES TO OFFICER				ړ⊦
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MEDEROS, 7700 SW 1 MIAMI FL 3	35 AVE		☐ Delete	1					☐ Change	Addition	DE034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition	٥
TITLE NAME STREET ADDRESS CITY-ST-ZIP	a / me Na 34	To the second	-	□ Delete				-	·	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		(	<u> </u>	☐ Delete	CITY	ME EET ADDRESS Y-ST-ZIP				Change	☐ Addition	
12. I hereby indicated of the co-	certify that the d on this report rporation or th l, or on an atta	information supplied with tor supplemental report is e receiver or trusteelers of chment with an addless,	n this filing do strue and ac owered to ex with all other	oes not qualify to curate and that ecute this repo like empowere	for the exe t my signa ort as requ ed.	emption stated in ature shall have the ired by Chapter f	Section ne same 607, Flor	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath ida Statutes; and that my name ap	ther certi that I ar pears in	ify that the in an officer Block 10 o	nformation for director Block 11 if	