FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91164 009 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112867

1. Entity Name

INTEGRATION GROUP, INC.

2. Principal Place of Business	3. Mailing Address
1405 EUCLID RD #3	1405 EUCLID RD #3
MIAMI BEACH, FL 33139	MIAMI BEACH, FL 33139
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0564935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

BALLESTAS & ASSOCIATES, INC
7730 SW 68TH
MIAMI, FL 33143

7. Name and Address of Current 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P/S/D NAME BANUS, FAVIAN STREET ADDRESS 1405 EUCLID RD #3 CITY ST ZIP MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE D NAME CRIMELLA, GUSTAVO STREET ADDRESS 1405 EUCLID RD #3 CITY ST ZIP MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY ST ZIP	
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/21/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/01)