

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90087 002 ***550.00

DOCUMENT # P02000124342

1. Entity Name
IMMIGRATION SPECIALISTS GROUP, INC.



Principal Place of Business
% AUGUSTO F. SANTIAGO
25 S.E. 2ND AVE. SUITE 714
MIAMI FL 33131

Mailing Address
% AUGUSTO F. SANTIAGO
25 S.E. 2ND AVE. SUITE 714
MIAMI FL 33131



2. Principal Place of Business
25 S.E. 2nd Ave

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

721

City & State

City & State

MIAMI, FL

4. FEI Number

04-3724501

Applied For

Not Applicable

Zip

Country

Zip

Country

33131

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTIAGO, AUGUSTO F
25 S.E. 2ND AVE.
SUITE 714
MIAMI FL 33131

Name
SANTIAGO, Augusto F.
Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2nd Ave
Suite 721
City **MIAMI** FL **33131**

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 of person or persons of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

09/08/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
SANTIAGO, AUGUSTO F
25 S.E. 2ND AVE. SUITE 714
MIAMI FL 33131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
SANTIAGO, Augusto F
25 S.E. 2nd Ave, Suite 721
MIAMI, FL 33131 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

09/08/03 (305)373-2224

CR2E034 (4/03)