

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91775 035 ***150.00

0681625 FP

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1. Entity Name

INTEGRAL MANAGEMENT GROUP INC.



Principal Place of Business
C/O 1401 BRICKELL AVENUE
SUITE 850
MIAMI FL 33131

Mailing Address
C/O 1401 BRICKELL AVENUE
SUITE 850
MIAMI FL 33131



2. Principal Place of Business
c/o 169 E. Flagler St.

3. Mailing Address
c/o 169 E. Flagler St.

Suite, Apt. #, etc.

Suite 1118

Suite, Apt. #, etc.

Suite 1118

City & State
Miami, FL

City & State
Miami, FL

☐ CHECK HERE IF MAKING CHANGES

Zip
33131

Country

Zip
33131

Country

4. FEI Number
65-0837189

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OVERSEAS INTERNATIONAL CORP.
1401 BRICKELL AVENUE
SUITE 850
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
MICHAEL GLINSKY, P.A.
Street Address (P.O. Box Number is Not Acceptable)
169 EAST FLAGLER ST.,
SUITE 1118
City
MIAMI **FL** Zip Code
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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP			
	MANZANERA G., JOSE	CARRERA 43 A NO. 16 SUR 250	MEDELLIN, COLUMBIA	
	DT			
	ANGEL B., MARTHA L	CARRERA 81 NO. 32-56 APT 109	MEDELLIN, COLUMBIA	
	DS			
	CANO V., BEATRIZ ELENA	CALLE 10 NO. 38-35 OFICINA 301	MEDELLIN, COLUMBIA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

305 358 4466
Daytime Phone #

CR2E034 (10/02)