

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90175 023 ***150.00

DOCUMENT # P99000015476

1. Entity Name
INTERNATIONAL LANDMARK GROUP, INC.



Principal Place of Business
3750 W 16 AVE
1264
HIALEAH FL 33012
US

Mailing Address
PO BOX 144040
CORAL GABLES FL 33114
US



2. Principal Place of Business
6500 N.W. 72ND AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL.

City & State

4. FEI Number **65-0899763**

Applied For
Not Applicable

Zip
33166

Country
U.S.A.

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URAGA, FRANK
3750 W 16 AVE
STE 1264
HIALEAH FL 33012

6500 N.W. 72ND AVE
MIAMI, FL. 33166

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 *Frank Uraga*
Signature, typed or printed name of registered agent and title if applicable.

FRANK URAGA

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **URAGA, FRANK**
CITY-ST-ZIP **3750 W 16 AVE, STE 1264**
HIALEAH FL 33012

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6500 N.W. 72ND AVE**
CITY-ST-ZIP **MIAMI FL. 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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: *Frank Uraga*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK URAGA

Date

Daytime Phone #

4/29/03 **(305) 477-1727**

CR2E034 (10/02)