

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0004435  
AF

00 MAY 12 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **L98000002524**  
1. Entity Name  
**NETWORK SOURCING, LLC**

Principal Place of Business      Mailing Address  
**2740 NORTHWEST 112TH AVENUE**      **2740 NORTHWEST 112TH AVENUE**  
**MIAMI FL 33172**      **MIAMI FL 33172-1805**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FFI Number: **65-0885669**      Applied For  
Not Applicable  
5. Certificate of Status Desired            \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**B & C CORPORATE SERVICES, INC.**  
**201 SOUTH BISCAYNE BOULEVARD, SUITE 3000**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name: **B-KOPEL**  
Street Address (P.O. Box Number is Not Acceptable): **2740 NW 112TH AVE**  
City: **MIAMI**      FL      Zip Code: **33172**

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: **4/8/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>MGRM KOPEL, BERNARDO 2740 NORTHWEST 112TH AVENUE MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300003279439--9</b> <b>06/07/00-01018-012</b> <b>*****50.00      *****50.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:      **SIGNATURE REQUIRED**      Date: **4/8/00**      Daytime Phone #: **(305) 597-7110**

CR2E083 (9/99)