

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010779 AF

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

**FILED**  
 01 MAY -2 PM 6:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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



**MJH**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI 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**

KOPEL, B.  
 2740 N.W. 112TH AVENUE  
 MIAMI FL 33172

**7. Name and Address of New 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOPEL, BERNARDO 2740 NORTHWEST 112TH AVENUE MIAMI FL 33172 <input type="checkbox"/> Delete
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10. ADDITIONS / CHANGES	
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**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**      **4/29/01**      **Date**      **Daytime Phone #**

CR2E083 (11/00)