

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000000928**

1. Entity Name

**DESOUZA/GORDON E-SOLUTIONS LLC**

Principal Place of Business

1050 MICHIGAN AVENUE, #2  
MIAMI BEACH FL 33139

Mailing Address

1050 MICHIGAN AVENUE, #2  
MIAMI BEACH FL 33139

2. Principal Place of Business

1050 MICHIGAN AVENUE

Suite, Apt. #, etc.

SUITE 2

3. Mailing Address

1050 MICHIGAN AVENUE

Suite, Apt. #, etc.

SUITE 2

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0996794

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DESOUZA, DIRK A  
1050 MICHIGAN AVENUE, #2  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

DIRK DESOUZA

Street Address (P.O. Box Number is Not Acceptable)

1050 MICHIGAN AVENUE, SUITE 2

City

MIAMI BEACH

FL

Zip Code

33139

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

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

DIRK A. DESOUZA

(NOTE: Registered Agent signature required when reinstating)

2/19/02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE ☒ Delete  
NAME MANAGING MEMBER  
STREET ADDRESS KAREN GORDON  
CITY-ST-ZIP 4021 NORTH MERIDIAN AVENUE  
MIAMI BEACH, FL 33140

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition  
NAME MANAGING MEMBER  
STREET ADDRESS JOAN TYLER  
CITY-ST-ZIP 8701 LOTNBURY COURT  
RAIFAX, VA 22031

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

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

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

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

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

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 DESOUZA

2/19/02

305 531 0905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

03-05-2002 90054 017 \*\*\*205.00

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR -5 AM 10:58

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