

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005536

1. Entity Name  
TELESOURCE EQUITIES II, L.L.C.

FILED

01 MAY 31 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
36 NE 2ND STREET  
SUITE 100  
MIAMI FL 33132

Mailing Address  
36 NE 2ND STREET  
SUITE 100  
MIAMI FL 33132



DO NOT WRITE IN THIS SPACE

**MJH**

2. Principal Place of Business  
2410 Hollywood blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
2410 Hollywood Blvd.  
Suite, Apt. #, etc.

City & State  
Hollywood, Florida

City & State  
Hollywood, Florida

4. FEI Number  
65-1019447

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ROARK, MICHAEL K  
36 NE 2ND STREET  
SUITE 100  
MIAMI FL 33132

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
221 West San Marino Drive  
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 Michael Roark President 4-27-01  
Signature typed or printed name of registered agent and title if applicable. (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Michael K. Roark<br>221 W. San Marino Drive.<br>Miami Beach, FL - 33139 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

## 10. ADDITIONS/CHANGES

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 400004430234--3<br>-06/19/01--01083--001<br>*****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: Michael Roark 4-27-01 305-379-7379  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0008846 AF

CR2E083 (11/00)