

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005544

1. Entity Name  
TELESOURCE EQUITIES III, 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

2. Principal Place of Business

2410 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

3. Mailing Address

2410 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

Zip 33020

Country

US

City & State

HOLLYWOOD, FLORIDA

Zip 33020

Country

US

4. FEI Number

65-1019450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

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

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 ☐ Delete  
NAME *President Michael K. Roark*  
STREET ADDRESS *221 W. San Marino Drive*  
CITY-ST-ZIP *Miami Beach, FL. 33139*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*300004430239-7*  
*-06/19/01--01083--002*  
*\*\*\*\*\*50.00 \*\*\*\*\*50.00*

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)

0008784 AF