

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90129 038 ****50.00

DOCUMENT # L01000006103

1. Entity Name

TELESOURCE EQUITIES IV, LLC

Principal Place of Business

**221 WEST SAN MARINO DR.
 MIAMI BEACH FL 33139**

Mailing Address

**221 WEST SAN MARINO DR.
 MIAMI BEACH FL 33139**

2. Principal Place of Business

2410 Hollywood Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

2410 Hollywood Blvd.
 Suite, Apt. #, etc.

City & State

Hollywood, FL.

City & State

Hollywood, FL.

Zip

33020

Country

Zip

33020

Country

4. FEI Number

65-111212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DEVINE GOODMAN PALLOT & WELLS, P.A.
 777 BRICKELL AVE., STE. 980
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Michael K. Roark**
 Street Address (P.O. Box Number is Not Acceptable)
221 W. 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

4.22.02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **PD** ☐ Delete
 NAME **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

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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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

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

Date

Daytime Phone #

4/19/02

(904) 342-5001

CR2E083 (9/01)