

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90247 042 \*\*\*\*50.00

**DOCUMENT # L01000019380**

1. Entity Name

**TELESOURCE DEVELOPMENT, LLC**

Principal Place of Business

**2410 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020**

Mailing Address

**2410 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**26-0039710**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**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 Roark**

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

**2410 Hollywood Blvd.**

City

**Hollywood**

FL

Zip Code

**33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Michael Roark**

(NOTE: Registered Agent signature required when reinstating)

DATE **7/1/02****FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By September 25, 2002****9. MANAGING MEMBERS/MANAGERS**TITLE **PRESIDENT** ☐ Delete  
NAME **MICHAEL K ROARK**  
STREET ADDRESS **221 W SAN MARINO DR**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**TITLE **VICE PRES.** ☐ Delete  
NAME **JESUS G. ZAMORA**  
STREET ADDRESS **17428 SW 20 COURT**  
CITY-ST-ZIP **MIRAMAR FL 33029**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**10. ADDITIONS/CHANGES**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:****JESUS G. ZAMORA****7/8/02****(954) 342-5001**

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

Date

Daytime Phone #

CR2E083 (4/02)