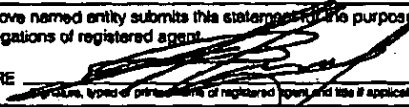


FILED
Jul 03, 2003 8:00 am
Secretary of State

4/21

04-21-2003 90123 021 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000010042		
1. Entity Name ONE SOURCE, L.L.C.		
Principal Place of Business 1975 NW 191ST AVE. PEMBROKE PINES FL 33029		Mailing Address 1975 NW 191ST AVE. PEMBROKE PINES FL 33029
2. Principal Place of Business 543 SW 179th AVE. Suite, Apt. #, etc.		3. Mailing Address 543 SW 179th AVE Suite, Apt. #, etc.
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL
Zip 33029	Country USA	Zip 33029
Country USA		4. FEI Number 30-0085076
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent RIVERA AGUILAR, HILMER ASDRUBA L 1975 NW 191ST AVE. PEMBROKE PINES FL 33029		7. Name and Address of New Registered Agent Name RIVERA, HILMER Street Address (P.O. Box Number is Not Acceptable) 543 SW 179th AVE. City PEMBROKE PINES FL Zip Code 33029
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  DATE 4-14-03 (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP GENERAL MANAGER HILMER RIVERA 543 SW 179 AVE PEMBROKE PINES FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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:  DATE 4-14-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		