

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90040 015 *****55.00

DOCUMENT # L02000017095

1. Entity Name
EDUSOURCE TECHNOLOGIES LLC



Principal Place of Business

Mailing Address

18331 PINES BOULEVARD
230
PEMBROKE PINES FL 33029
US

19003 NW 12TH COURT
PEMBROKE PINES FL 33029

2. Principal Place of Business

3. Mailing Address

12401 WEST OKEECHOBEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

460

City & State

City & State
Hialeah Gardens

Zip

Country

Zip

Country

33018

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Socrates Zayas**

Street Address (P.O. Box Number is Not Acceptable)
12401 WEST OKEECHOBEE RD

LOT 460

City **HIALEAH GARDENS FL** Zip Code **33018**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/18/2003

Date

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **ZAYAS, SOCRATES E DR.**
STREET ADDRESS **19003 NW 12TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☒ Change ☐ Addition
NAME **12401 W Okeechobee Rd Lot 460**
STREET ADDRESS **HIALEAH GARDENS FL 33018**
CITY-ST-ZIP

TITLE **MGRM** ☒ Delete
NAME **PEREZ, RUBY MS.**
STREET ADDRESS **19003 NW 12TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Change ☒ Addition
NAME **MGRM ALSELO, ANNA MRS.**
STREET ADDRESS **12401 W Okeechobee Rd Lot 460**
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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
Socrates Zayas

9/18/2003

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

Date

Daytime Phone #

954-445-0486

CR2E083 (4/03)