

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90113 023 \*\*\*150.00

**DOCUMENT # L60738**

**1. Entity Name**  
**ECCLECTIC SOURCE NETWORK, INC.**

**Principal Place of Business**

**P O BOX 17-1438**  
**MIAMI FL 33017-1438**  
**US**

**Mailing Address**

**PO BOX 17-1438**  
**MIAMI FL 33017-1438**  
**US**

**2. Principal Place of Business**

**19735 EAST LAKE DRIVE**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**MIAMI, FLA.**

**Zip**

**33015**

**Country**

**MIAMI-DADE**

**Zip**

**Country**

**4. FEI Number 65-0244243**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LA MARCA, THOMAS**  
**205 ANSIN BLVD**  
**HALLANDALE FL 33009**

**7. Name and Address of New Registered Agent**

**Name LAMARCA THOMAS**

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

**19735 EAST LAKE DRIVE**

**City**

**MIAMI**

**FL**

**Zip Code**

**33015**

**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**

**4-17-02**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
**(See criteria on back)**

**No**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
**Trust Fund Contribution.**

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PSD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LA MARCA, THOMAS M.</b>	
<b>STREET ADDRESS</b>	<b>205 ANSIN BLVD</b>	
<b>CITY-ST-ZIP</b>	<b>HALLANDALE FL 33009</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LAMARCA THOMAS M.</b>	
<b>STREET ADDRESS</b>	<b>19735 EAST LAKE DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FLA 33015</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-17-02**

**Date**

**305 625-0878**

**Daytime Phone #**

CR2E034 (9/01)