2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 91333 017 ***150.00

DOCUMENT # P00000017999

1. Entity Name
SOURCESTUDIO, INC.

Principal Place of Business
6644 S.W. 95TH COURT
MIAMI FL 33173

Mailing Address
6644 S.W. 95TH COURT
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 495 Biltmore Way
Suite, Apt. #, etc.: 308
City & State: CORAL GABLES
Zip: 33134
Country: MIAMI-DADE

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

4. FEI Number: 65-0996033 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PINA, ALEXANDER X
6644 S.W. 95TH COURT
MIAMI FL 33173

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 495 BILTMORE WAY
SUITE 308
City: CORAL GABLES FL Zip Code: 33134

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: 2-2-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D - PRESIDENT	PINA, ALEXANDER X	6644 S.W. 95TH COURT	MIAMI FL 33173	☐
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT				☐	☑
D+EXEC. VP	JOSEFINA DELGADO	1444 ROBIA AVE	MIAMI FL 33143	☐	☑
D+TREASURER	AMABLE DELGADO	1444 ROBIA AVE	MIAMI FL 33143	☐	☑
D+ SECRETARY	MAYRA L PINA	799 BRICKELL AVE - #800	MIAMI FL 33131	☐	☑
				☐	☐
				☐	☐

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: Mayra L Pina 2-2-01 3053584444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)