

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90055 005 ***158.75

0273085 AV

DOCUMENT # P00000017999

1. Entity Name
SOURCESTUDIO, INC.

Principal Place of Business

**495 BILTMORE WAY
308
CORAL GABLES FL 33134**

Mailing Address

**6644 S.W. 95TH COURT
MIAMI FL 33173**

2. Principal Place of Business

5309 Alhambra Cie

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Zip

33146

Country

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
495 BILTMORE WAY
STE 308
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

6644 SW 95 ct

City

MIAMI FL 33173 FL

Zip Code

33173

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

1/15/02

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, 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

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

TITLE **DEVP** ☐ Delete
NAME **DELGADO, JOSEFINA**
STREET ADDRESS **1444 ROBIA AVE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **DT** ☐ Delete
NAME **DELGADO, AMABLE**
STREET ADDRESS **1444 ROBIA AVE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **DS** ☐ Delete
NAME **PINA, MAYRA**
STREET ADDRESS **799 BRICKELL AVE #800**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5309 Alhambra Circle**
CITY-ST-ZIP **Coral Gables FL 33146**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5309 Alhambra Circle**
CITY-ST-ZIP **Coral Gables FL 33146**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Alexander Pina

Date

Daytime Phone #

1/15/02

3052738599

CR2E034 (9/01)