

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90130 023 \*\*\*150.00

**DOCUMENT #** P00000018122

**1. Entity Name**  
**E-SOURCE COMPANY**

**Principal Place of Business**  
 8205 LAKE DRIVE APT. A 501  
 MIAMI FL 33166

**Mailing Address**  
 8205 LAKE DRIVE APT. A 501  
 MIAMI FL 33166

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 18933 NW 63rd Ct

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
 Cicle

**City & State**

**Zip** 33015 **Country** USA

**Zip** **Country**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0995357 **Applied For** ☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
 ALENCAR, ROBERT  
 8205 LAKE DR  
 APT 501-A  
 MIAMI FL 33166

**7. Name and Address of New Registered Agent**  
 Name Robert Alencar  
 Street Address (P.O. Box Number is Not Acceptable) 18933 NW 63rd Ct Cicle  
 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** Robert Alencar **DATE** 04/29/2002

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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALENCAR, ROBERT 8205 LAKE DRIVE APT. A 501 MIAMI FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Alencar 18933 NW 63rd Ct Cicle miami FL 33015 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM ALENCAR, DAISE REIS 8205 LAKE DR #A-501 MIAMI FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daise Reis Alencar 18933 NW 63rd Ct Cicle <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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]* **DATE** 04/29/2002 **Daytime Phone #** (305) 625-1828

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

0140812 AV CR2E034 (9/01)