

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 09, 2001 8:00 am**  
**Secretary of State**

08-09-2001 90044 039 \*\*\*550.00

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 AN

**DOCUMENT # P00000090374**

1. Entity Name  
**INTELLISOURCE, INC.**

Principal Place of Business  
**9601 FONTAINBLEAU BLVD. #604**  
**MIAMI FL 33172**

Mailing Address  
**9601 FONTAINBLEAU BLVD. #604**  
**MIAMI FL 33172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2950 SW 26 street**

3. Mailing Address  
**2950 SW 26 Street**

City & State  
**MIAMI FL 33133**

City & State  
**MIAMI FL 33133**

4. FEI Number  
**65-1043653**

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

6. Name and Address of Current Registered Agent  
**OW, ERNESTO**  
**9601 FONTAINBLEAU BLVD, #604**  
**MIAMI FL 33172**

7. Name and Address of New Registered Agent  
 Name **OW, ERNESTO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2950 SW 26 street**  
 City **MIAMI FL** Zip Code **33133**

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 **ERNESTO OW DIRECTOR** (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <b>OW, ERNESTO</b> <b>9601 FONTAINBLEAU BLVD, #604</b> <b>MIAMI FL 33172</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>ERNESTO OW</b> <b>2950 SW 26 street</b> <b>MIAMI FL 33133</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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: **ERNESTO OW DIRECTOR** Date **8-1-01** 305-323-5263

CR2E034 (5/01)