

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90103 040 \*\*\*150.00

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**DOCUMENT # P01000120304**

1. Entity Name

**INTERNATIONAL ONE SOURCE, INC.**



Principal Place of Business  
7939 S SILVERADO CIR  
DAVIE FL 33024-4008

Mailing Address  
7939 S SILVERADO CIR  
DAVIE FL 33024-4008

2. Principal Place of Business  
3449 B NW 19 STREET

3. Mailing Address  
3449 B NW 19 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Lauderdale Lakes, FL

City & State  
Lauderdale Lakes, FL

Zip Country  
33311 USA

Zip Country  
33311 USA

4. FEI Number 80-0005479

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SHOEMAKER, RICHARD L CPA  
612 NE 26 ST  
WILSON MANORS FL 33305-1208

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLORTEGUI, DANIEL 7939 S SILVERADO CIR DAVIE FL 33024-4008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel Olortegui **REQUIRED** Olortegui Director 4/01/03 9544846522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)