

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061968

1. Entity Name

EZ SOURCE INC

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90141 032 ***150.00

Principal Place of Business

2332 NE 2ND AVE., #1
MIAMI FL 33137

Mailing Address

2332 NE 2ND AVE., #1
MIAMI FL 33137-4808

2. Principal Place of Business

3. Mailing Address

2800 BISCAYNE BLVD

2800 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8th FLOOR

8th FLOOR

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

Zip

33137

Country

4. FEI Number

65-0681177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENJAMIN, TIMOTHY

2332 NE 2ND AVE., #1
MIAMI BEACH FL 33139

Name

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

2800 BISCAYNE BLVD.

8th FLOOR

City MIAMI

FL

Zip Code 33137

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

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, 2000 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	PS	<input type="checkbox"/> Delete
NAME	MARTIN, ROD J	
STREET ADDRESS	2332 NE 2ND AVE., #1	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENJAMIN, TIM	
STREET ADDRESS	2332 NE 2ND AVE., #1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	20P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2800 BISCAYNE BLVD, 8th FLOOR	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	TDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2800 BISCAYNE BLVD, 8th FLOOR	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/00

205-522-9912

CR2E034 (9/99)