

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010713

1. Entity Name

TELESOURCE GROUP, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90012 030 ***150.00

Principal Place of Business

1680 MICHIGAN AVE
SUITE 800
MIAMI BEACH FL 33139

Mailing Address

1680 MICHIGAN AVE
SUITE 800
MIAMI BEACH FL 33101-1791

2. Principal Place of Business

36 N.E. 2nd Street

Suite, Apt. #, etc.

#100

City & State

Miami, FL

Zip

33132

Country

USA

3. Mailing Address

36 N.E. 2nd Street

Suite, Apt. #, etc.

#100

City & State

Miami, FL

Zip

33132

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0821650

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROARK, KEVIN
1680 MICHIGAN AVE
SUITE 800
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Michael K. Roark

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

36 N.E. 2nd Street

#100

City

Miami

FL

Zip Code

33132

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

4/25/00

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

TITLE **D** ☐ Delete
NAME **ROARK, KEVIN**
STREET ADDRESS **1680 MICHIGAN AVE SUITE 800**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
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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 **36 N.E. 2nd Street #100**
CITY-ST-ZIP **Miami, FL. 33132**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
Date

305-379-7379
Daytime Phone #