

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088517

1. Entity Name

Source Publishing, Inc

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90084 044 \*\*\*150.00

Principal Place of Business

8770 SUNSET DR.  
 DEPT. 254  
 MIAMI, FL 33173

Mailing Address

8770 SUNSET DR.  
 DEPT. 254  
 MIAMI, FL 33173

2. Principal Place of Business

5830 SW 94 PL

3. Mailing Address

5830 SW 94 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0908238

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SILVIA B. ROJAS  
 8395 N.W. 53 St.  
 MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name

SILVIA B. ROJAS

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

8395 N.W. 53 St.

City MIAMI

FL

Zip Code 33166

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

Silvia B. Rojas

4-25-2000

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

TITLE PRESIDENT/SEC./TREAS. ☐ Delete  
 NAME SILVIA B. ROJAS  
 STREET ADDRESS 14791 OAK LANE  
 CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES./SEC./TREAS. ☒ Change ☐ Addition  
 NAME SILVIA B. ROJAS  
 STREET ADDRESS 8395 N.W. 53 St.  
 CITY-ST-ZIP MIAMI, FL 33166

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

Silvia B. Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000

Date

305-273-2116

Daytime Phone #

CR2E034 (9/99)