

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90468 050 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024489

1. Entry Name
GENERAL SOURCE INC.

Principal Place of Business
7100 WEST 12TH LANE
HALEAH FL 33014

Mailing Address
7100 WEST 12TH LANE
HALEAH FL 33014

BU060000



2. Principal Place of Business
7100 WEST 12TH LANE
Suite, Apt. #, etc.
HALEAH FL
City & State

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0990876
Applied For
Not Applicable

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

Zip 33014 Country USA
City & State

6. Name and Address of Current Registered Agent

CONDE, VICTOR M
7100 WEST 12TH LANE
HALEAH FL 33014

7. Name and Address of New Registered Agent

Name VICTOR M. CONDE
Street Address (P.O. Box Number is Not Acceptable)
7100 WEST 12TH LANE
City HALEAH FL Zip Code 33014

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 Victor M. Conde Ehlana Reyes 1-16-02
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering.) DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirements and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, EHLANA 7100 WEST 12TH LANE HALEAH FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONDE, VICTOR M 7100 WEST 12TH LANE HALEAH FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Victor M. Conde Ehlana Reyes 1-16-02 33014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #