

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

04-23-2002 90433 042 ***150.00

DOCUMENT # F010Q0002025

1. Entity Name

First Source Management, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1903 South Congress Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 160

City & State

City & State

Boynton Beach, FL

Zip

Country

Zip

Country

33426

US

4. FEJ Number

58-2603394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Carl A. Cascio

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

639 E Ocean Ave

Suite 207

City

Boynton Beach

FL

Zip Code
33435

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

5/10/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
John W. Luciani III
1903 South Congress Ave #160
Boynton Beach, FL 33426

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Dorian Luciani
1903 South Congress Ave #160
Boynton Beach, FL 33426

TITLE
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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 on an attachment with an address, with an other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4/9/02

CR2E034B (12/01)