

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-17-2000 90950 025 ****61.25

DOCUMENT # **N99000005289**
 1. Entity Name
SOURCE OF WISDOM, INC.

Principal Place of Business Mailing Address
8781 HOLLY CT.
#201
TAMARAC, FL 33321

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
148

City & State City & State
TAMARAC, FL

Zip Country Zip Country
33321 **USA**

4. FEI Number Applied For
65-0945976 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LINDA SAFRO
8781 HOLLY CT. #201
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEE GREENBERG	
STREET ADDRESS	6861 NW 45 COURT	
CITY-ST-ZIP	LAUDERHILL, FL 33309	
TITLE	S	<input type="checkbox"/> Delete
NAME	LINDA SAFRO	
STREET ADDRESS	8781 HOLLY CT. #201	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D-JUDY CUENCA	<input type="checkbox"/> Delete
NAME	325 CENTER ISLAND	
STREET ADDRESS	GOLDEN BEACH, FL 33160	
CITY-ST-ZIP	GOLDEN BEACH, FL 33160	
TITLE	D-BENJAMIN POPPER	<input type="checkbox"/> Delete
NAME	1521 WEEPING WILLOW	
STREET ADDRESS	HOLLYWOOD, FL 33019	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	D-NESTOR GORFINKEL	<input type="checkbox"/> Delete
NAME	18694 NE 24th AVE.	
STREET ADDRESS	NORTH MIAMI BEACH, FL 33180	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** Date: **4/28/00** Daytime Phone #: **954-726-1170**

CR2E037 (9/99)