

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90390 042 ****61.25

DOCUMENT # **N99000005289**

1. Entity Name

SOURCE OF WISDOM, INC.

Principal Place of Business

8781 HOLLY CT., #210
 TAMARAC FL 33321-2036

Mailing Address

8781 HOLLY CT., #210
 TAMARAC FL 33321-2091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

#148

City & State

City & State

TAMARAC, FL

4. FEI Number

65-0945976

Applied For

Not Applicable

Zip

Country

Zip

33321

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAFRO, LINDA
8781 HOLLY CT., #201
TAMARAC FL 33321-2036

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P LEE GREENBERG**
 STREET ADDRESS **6861 NW 45 CT.**
 CITY-ST-ZIP **LAUDERHILL, FL 33319**

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

TITLE ☐ Delete
 NAME **S LINDA SAFRO**
 STREET ADDRESS **8781 HOLLY CT. #201**
 CITY-ST-ZIP **TAMARAC, FL 33319**

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

TITLE ☐ Delete
 NAME **D JUDY CUENCA**
 STREET ADDRESS **325 CENTER ISLAND**
 CITY-ST-ZIP **GOLDEN BEACH, FL 33160**

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

TITLE ☐ Delete
 NAME **B BENJAMIN POPPER**
 STREET ADDRESS **1521 WEEPING WILLOW**
 CITY-ST-ZIP **HOLLYWOOD, FL 33019**

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

TITLE ☐ Delete
 NAME **N NESTOR GORFINKEL**
 STREET ADDRESS **19694 NE 24TH AVE.**
 CITY-ST-ZIP **MIAMI, FL 33180**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Linda Safro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)