NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90064 034 ****61.25

DOCUMENT # N99000005289

1. Entity Name
SOURCE OF WISDOM, INC.

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2. Principal Place of Business	3. Mailing Address
8781 HOLLY CT.	7154 N. UNIVERSITY DR.
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 148
City & State: TAMARAC, FL	City & State: TAMARAC, FL
Zip: 33321 Country: BROWARD	Zip: 33321 Country: BROWARD

4. FEI Number: 65-0145976 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: LINDA SAFRO

Street Address (P.O. Box Number is Not Acceptable): 8781 HOLLY CT. #201

City: TAMARAC FL Zip Code: 33321

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

FEE IS $61.25 Initial or Amended UBR

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 NAME LEE GREENBERG STREET ADDRESS 7154 N. UNIVERSITY DR. #148 CITY-ST-ZIP TAMARAC, FL 33321	
TITLE S NAME LINDA SAFRO STREET ADDRESS 8781 HOLLY CT. # 201 CITY-ST-ZIP TAMARAC, FL 33321	
TITLE D NAME JUDY CUENCA STREET ADDRESS 325 CENTER ISLAND CITY-ST-ZIP GOLDEN BEACH, FL 33160	
TITLE D NAME BENJAMIN POPPER STREET ADDRESS 1521 WEEPING WILLOW CITY-ST-ZIP HOLLYWOOD, FL 33019	
TITLE D NAME NESTOR GORFINKEL STREET ADDRESS 19694 NE 24TH AVENUE CITY-ST-ZIP MIAMI, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: Linda Safro 4/29/02 954 726-1170