

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90032 003 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000005289

1. Entity Name
SOURCE OF WISDOM, INC.



90130636

Principal Place of Business
8781 HOLLY CT., #201
TAMARAC, FL 33321-2036

Mailing Address
7154 N UNIVERSITY DRIVE
148
TAMARAC, FL 33321-2036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0845978

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when Submitting)

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE S
NAME SAFRO, LINDA ☐ Delete
STREET ADDRESS 8781 HOLLY COURT, #201
CITY-ST-ZIP FORT LAUDERDALE, FL 33321

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

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

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

TITLE D
NAME POPPER, BENJAMIN ☐ Delete
STREET ADDRESS 1621 WEEPING WILLOW
CITY-ST-ZIP HOLLYWOOD, FL 33019

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

TITLE D
NAME GORFINKEL, NESTOR ☐ Delete
STREET ADDRESS 19894 NE 24TH AVENUE
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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an amendment 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 #

4/30/03 954726-1170

CR2EC37 (10/02)