FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90468 050 ***150.00

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DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024489

1. Entity Name
GENERAL SOURCE INC.

Principal Place of Business	Mailing Address
7100 WEST 12TH LANE HIALEAH FL 33014	7100 WEST 12TH LANE HIALEAH FL 33014

2. Principal Place of Business: 7100 West 12 LANE
Suite, Apt. #, etc.: Hialeah FL
City & State:
Zip: 33014 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number 65-0990876 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CONDE, VICTOR M
7100 WEST 12TH LANE
HIALEAH FL 33014

7. Name and Address of New Registered Agent
Name: Victor M. Conde
Street Address (P.O. Box Number is Not Acceptable): 7100 West 12 Lane
City: Hialeah FL Zip Code: 33014

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] Ehiliana Reyes. 1-16-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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	
PD	REYES, EHILIANA	7100 WEST 12TH LANE	HIALEAH FL 33014	☐ Delete
VD	CONDE, VICTOR M	7100 WEST 12TH LANE	HIALEAH FL 33014	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victor M. Conde [signature] 1-16-02 (305) 822-3427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #