

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90121 040 ***158.75

DOCUMENT # P000Q0112652

1. Entity Name

UNLIMITED SOURCES, INC.

636011

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20283 State Road 7

3. Mailing Address
20283 State Road 7

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.
Suite 105

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-1060962

Applied For
Not Applicable

Zip
33498

Country
USA

Zip
33498

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert Marc Schwartz, P.A.

Street Address (P.O. Box Number is Not Acceptable)
102 North Swinton Avenue

City
Delray Beach, FL

Zip Code
33444-2634

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

Robert Marc Schwartz, President

4/11/02

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

(NOTE: Registered Agent Signature required when resigning)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
P/V/S/T/D
Chait, Darrin
20283 State Road 7, Suite 105
Boca Raton, FL 33498

TITLE
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IN THIS SPACE**

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

SIGNATURE: *Darrin Chait, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02
Date

(561) 482-9380
Daytime Phone #

CR2E034B (12/01)