

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

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90138 010 ***158.75

DOCUMENT # P02000000446

1. Entity Name

The Source Food Sales, Inc.



80122741

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3230 N.W. 94th Terrace

3. Mailing Address
3230 N.W. 94th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number
26-0001295

Applied For
Not Applicable

Zip
33351

Country

Zip
33351

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
David Felheim, Esq.

Street Address (P.O. Box Number is Not Acceptable)
499 N.W. 70th Avenue

Suite 119

City
Plantation

FL

Zip Code
33317

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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|--------------------|--------------|----------------------|-------------------|
| President/Director | Angel Lebron | 3230 NW 94th Terrace | Sunrise, FL 33323 |
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DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

254-748-4777
Daytime Phone #

CR2E034B (12/02)