2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name	MENT # P990001 OURCE THREE, INC.	06572		Mar 22, 200 Secretary 6 03-22-2000 90085 0	of State
Principal Place	e of Business	Mailing Address			
1290 WESTON ROAD SUITE 300 FORT LAUDERDALE FL 33326		1290 WESTON ROAD SUITE 300 FORT LAUDERDALE FL 33326		C0C43074	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65 096 4348	Applied For Not Applicable
Zip	Country	Zip ¹	Country	5 Cartificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered A	igent
	_		Name		
LEGAL INFORMATION SERVICES, INC. 4 99 W. Hallandale Beach Blvd.		290 Weston Road Street Address		(P.O. Box Number is Not Acceptable)	
	E -212 - Andale Fl-33009	Suite 300			
JAREC	MINDALL I L 30005 ——	Weston, FL 333	26 City	FL	Zip Code
9. This corpo	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW After MAY 1, 2	TE: Registered Agent signature requi	10. Election Campaign Financing Trust Fund Contribution.	
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, ALAN 409 W. HALLANDALE BEACH BL HALLANDALE FL 33009	VD. SUITE 212	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition of
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
13. I hereby of indicated of the coll changed	certify that the information supplied with on this report or supplemental leport is poration or the receiver of trustee empo, or on an attachment with an eddress.	this filing does not qualify for true and accurate and that owered to execute this report with all other like empowere	or the exemption stated in my signature shall have that as required by Chapter 6 d.	Section 119.07(3)(i), Florida Statutes. I further cense same legal effect as if made under oath; that I also for, Florida Statutes; and that my name appears in	tify that the information am an officer or director n Block 11 or Block 12 if

3-15-200

Daytime Phone #

FILED