

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H75597

1. Entity Name
E.T.I. FINANCIAL CORPORATION

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90001 010 ***150.00

Principal Place of Business 3716 S. MILITARY TRAIL P O BOX 5417 LAKE WORTH FL 33466-2417	Mailing Address 3716 S. MILITARY TRAIL P O BOX 5417 LAKE WORTH FL 33466-5417
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2392 S. Congress Ave Suite, Apt. #, etc. -----	3. Mailing Address ----- P.O. Box 5417 Suite, Apt. #, etc.
City & State West Palm Bch, FL	City & State Lake Worth, FL
Zip 33406	Country USA
Zip 33466-5417	Country USA

4. FEI Number 59-2611508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FINKELSTEIN, MYRON 2393 SOUTH CONGRESS AVENUE WEST PALM BEACH FL 33106	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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, 2000 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	CD SEAMAN, CARL 250 PARK AVE NEW YORK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINKELSTEIN, MYRON 10451 W. BROWARD BLVD., BLD2, 109 PLANTATION FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURSTEIN, PAUL 250 PARK AVE NEW YORK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BLAKE, JAMES 2358 SUNDERLAND AVE WELLINGTON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRENDAMANO, JOSEPH G. 718 JUNIPER PLACE WELLINGTON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7305 Corkwood Circle Tamarac, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: [Signature] DATE: 1/14/2000 DAYTIME PHONE #: (813) 968 9102

CR2E034 (9/99)