

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H75597**

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

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90032 031 ***158.75

Principal Place of Business
**2392 S CONGRESS AVE
WEST PALM BEACH FL 33406**

Mailing Address
**P O BOX 5417
LAKE WORTH FL 33466-5417**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2611508		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

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			

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, 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEAMAN, CARL			NAME			
STREET ADDRESS	250 PARK AVE			STREET ADDRESS	250 Park Ave, Ste. 2030		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	NEW YORK, NY 10017		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINKELSTEIN, MYRON			NAME			
STREET ADDRESS	7305 CORKWOOD CIRCLE			STREET ADDRESS	7305 corkwood circle		
CITY-ST-ZIP	WESTON FL 33327			CITY-ST-ZIP	Tamarac, FL 33327		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURSTEIN, PAUL			NAME			
STREET ADDRESS	250 PARK AVE			STREET ADDRESS	250 Park Ave, Ste. 2030		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	New York, NY 10017		
TITLE	VT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAKE, JAMES			NAME			
STREET ADDRESS	2358 SUNDERLAND AVE			STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRENDAMANO, JOSEPH G.			NAME			
STREET ADDRESS	718 JUNIPER PLACE			STREET ADDRESS	313 Lake Circle #316		
CITY-ST-ZIP	WELLINGTON FL			CITY-ST-ZIP	North Palm Beach, FL 33408		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: **SIGNATURE REQUIRED** *James W Blake* **1/8/2002** (561) 968-9102
Date Daytime Phone #

CR2E034 (9/01)