2001 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2001 8:00 am Secretary of State DOCUMENT # N0000002965 1. Entity Name 05-02-2001 90144 023 ****61.25 THE FINANCIAL PLANNING ASSOCIATION OF MIAMI-DADE Principal Place of Business Mailing Address 9682 RIDGECREST CT. 9662, RIDGECREST CT. DAVIE FL 33328 DAVIE FL 33328 Tincipal Place of Business 20 STALL ROLL 8938 State Road 84 DO NOT WRITE IN THIS SPACE Act. #. etc. XI 6 4. FEI Number Applied For City & State City & State 44 1548 DAVIE Not Applicable Country USA \$8.75 Additional 5.- Certificate of Status Desired __ _ _ _ _ _ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WOLONICK, LINDA M 9682 RIDGECREST CT. DAVIE FL 33328 FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing EILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PLESIDENT - D ☐ Detate Change ■ Addition TITLE TITLE NAME WELLS, F. SCOTT STREET ADDRESS STREET ADDRESS 241 SEVILLA AVE., STE. 902 **CR2E037** CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134-6622 TREASURER - D 3225 Wintian Drive, Suite 500 LOCONUT MOVE, FL 33133 TITLE Change TITLE Oetele NAME INTRIAGO, JOY M NAME STREET ADDRESS STREET ADDRESS 4829 ESPANOLA DR., STE. 201 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 Secretaen - D ☐ Addition Change me D Delete TILE NAME JONES, LANE M 241 SEVILLA AVE., STE. 902 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134-6622 TITLE ☐ Delete ☐ Change i ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITI F Change i NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Di Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empoyered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an Addyss, with all give rike empowered. SIGNATURE:

FILED



FPA of Miami-Dade 8930 State Road 84, PMB 316 Davie, Florida 33324 (954) 370-0041 (954) 382-1893

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July 3, 2001

Florida Department of State Division of Corporations Post Office Box 1500 Tallahassee, FL 32302-1500

Reference Number: N0000002965

Dear Sir/Madam:

Enclosed please find your original letter and copy of our Annual/Uniform Business Report as amended. Please note that the President, Treasurer and Secretary are all Directors of the corporation.

Kindly file our Annual/Uniform Business Report as amended.

Very truly yours,

Linda M. Wolonick

Executive Director

THE CHARLES

Recording Months in Collection of the