FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91291 036 ***150.00

DOCUMENT # P02000029519

1. Entity Name
Finanziell Kaufer, Inc.

DO NOT WRITE IN THIS SPACE

11023615

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2. Principal Place of Business	3. Mailing Address
319 Clematis Street	319 Clematis Street
Suite, Apt. #, etc.: Suite 700	Suite, Apt. #, etc.: Suite 700
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33401 Country: U.S.	Zip: 33401 Country: U.S.

4. FEI Number: Applied for — [X] Applied For [ ] Not Applicable

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 M. Bovi, P.A.

Street Address (P.O. Box Number is Not Acceptable): 319 Clematis St. Suite 700

City: West Palm Beach FL Zip Code: 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D/P/S
NAME	Matthew Henninger
STREET ADDRESS	319 Clematis St., Suite 700
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D
NAME	Jon Van Tavin
STREET ADDRESS	319 Clematis St., Suite 700
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D
NAME	Eric Hubbard
STREET ADDRESS	319 Clematis St., Suite 700
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	T/D
NAME	David Sakamoto
STREET ADDRESS	319 Clematis St., Suite 700
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/02)

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: _____ Matthew T. Henninger April 21, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

206-441-5631
Daytime Phone #