2003 FOR PROFIT CORPORATION

FILED May 01, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State / P02000065728 DOCUMENT # 1. Entity Name 05-01-2003 90137 010 ***150.00 GLFINANCIAL CORP. Principal Place of Business Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 02-0633813 Not Applicable Zip Country Zip Country \$8.75 Additional Ċ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent P02000065728 HELFMAN, STEVEN M Street Address (P.O. Box Number is Not Acceptable) GI1401; UNIVERSITY DRIVE SUITE 200 **CORAL SPRINGS FL 33071** Zip Code City 840Thb/abbWelfhartied/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 cothe obligations of registered agent. COStol St. JPDGS Fig. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition TITLE ☐ Delete ☐ Change EZRATTI ITZHAK 1401 WIVERSTY DR STEZIX NAME NAME STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP · 🗀 Delete FANT, ALAN J. NAMELEMAN STEVEN M 1401 UNIVERSITY DR STEZOO STREET ADDRESS SINGVAPORANERSITY DRIVE SUITE 200 CORAL SPRINGS FI CITY-ST-ZIP CITX ST-ZIP STIRINGS FL 33071 NDJT Delete Addition TITLE ☐ Change TITLE COSTELLO, RICHARD A NAME NAME 1401 UNIVERSITY DR STE 2000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change DRWALK RICHARD DE STE 2000 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITI F

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

BRBAN, PAUL

THO UNIVERSITY DR, 5K200

☐ Delete

☐ Delete

REQUIRERICHARD M. Norwalk, V.P. SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

April 29, 2003

Date

954.753.1730

Change

Change

Addition

☐ Addition

Daytime Phone #

2200010