

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008353

1. Entity Name  
**FINANCIAL ADMINISTRATORS, INC.**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90200 046 \*\*\*150.00

Principal Place of Business 2600 ISLAND BLVD #402 AVENTURA FL 33160 US	Mailing Address 2600 ISLAND BLVD #402 AVENTURA FL 33160-4906 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>7900 Island Blvd.</i> Suite, Apt. #, etc.	3. Mailing Address <i>7900 Island Blvd.</i> Suite, Apt. #, etc.
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City & State <i>Aventura FL</i>	City & State <i>Aventura FL</i>	4. FEI Number <b>65-0553230</b>	Applied For <input type="checkbox"/>
Zip <i>33160</i>	Country <i>U.S.A.</i>	Zip <i>33160</i>	Country <i>U.S.A.</i>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**POWERS, PATRICK**  
**7900 ISLAND BLVD.**  
**WILLIAMS ISLAND FL 33160**

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 \_\_\_\_\_ (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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>MATUS, ALAN</b>	
STREET ADDRESS <b>7900 ISLAND BLVD.</b>	
CITY-ST-ZIP <b>WILLIAMS ISLAND FL 33160</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>VOLLRATH, ROBERT</b>	
STREET ADDRESS <b>7900 ISLAND BLVD.</b>	
CITY-ST-ZIP <b>WILLIAMS ISLAND FL 33160</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 reports 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: *Alan Matus* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: *1/12/2000* Daytime Phone #: *(305) 937-7800*

CR2E034 (9/99)