

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90062 024 ***150.00

DOCUMENT # P96000089159

1. Entity Name
JUPITER FINANCIAL CORPORATION

Principal Place of Business Mailing Address
3/0 The Old Mountain CO. **C/O Jupiter Finance Co**
551 Fifth Ave #1916 **1001 North US One # 20**
New York, NY 10176 **Jupiter, FL 33477**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0720583 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

FT Corporation System
1200 S Pine Island Rd
Suite 400
Plantation FL 33324

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME Field, Marshall V STREET ADDRESS 225 W Wacker Dr #1500 CITY-ST-ZIP Chicago, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME Pirovano, John A STREET ADDRESS 551 Fifth Ave # 1916 CITY-ST-ZIP New York, NY 10176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME Paige, Lynn STREET ADDRESS 1001 N US One # 205 CITY-ST-ZIP Jupiter, FL 33477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME Svec, Christine STREET ADDRESS 225 W Wacker Dr # 1500 CITY-ST-ZIP Chicago, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME Spiotta, Ronald STREET ADDRESS 225 W. Wacker Dr # 1500 CITY-ST-ZIP Chicago, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John Pirovano* **John Pirovano President 3/16/00** **561-748-8007**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)