2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE AND TYPED OF PRINTED NAME OF

SIGNATURE

FILED Mar 15, 2001 8:00 am DOCUMENT # P96000103671 Secretary of State FIRST NATIONAL FINANCING SERVICES, INC. 03-15-2001 90207 028 ***150.00 Principal Place of Business Mailing Address 7446 S W 48TH STREET 7446 S W 48TH STREET UNIT 32 UNIT 32 633773 MIAMI FL 33155 MIAMI FL 33155 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0722610 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent? Name RODRIGUEZ, DANIEL Box Number is Not Acceptable) Street Addre 3360 CORAL WAY #1 MIAMI FL 33145 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE RODRIGUEZ, DANIEL NAME STREET ADDRESS 3360 CORAL WAY #1 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 CITY - ST - ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33159 TITLE Change ☐ Addition TITLE _ Delete ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

ike empowered