2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an ag

SIGNATURE:

FILED **DOCUMENT # 713308** Feb 14, 2000 8:00 am 1. Entity Name **Secretary of State** SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, MIAMI 02-14-2000 90164 027 ****61.25 Mailing Address Principal Place of Business 9715 W. BROWARD BLVD. 9715 W. BROWARD BLVD. #126 PLANTATION FL 33324-2351 PLANTATION FL 33324 TT: German 400/ N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 20 #201 Çity & State 4. FEI Number Applied For 23-7227037 Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired KSA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name German asencia Address (P.O. Box Number is Not Acceptable) PAGES, TANYA 12515 SW 88TH STREET **UNIT 416** MIAMI FL 33126 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 2-8-2000 SIGNATURE Signature, typed or printed name of registered agent (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ~OFFICERS AND DIRECTORS 10. 11. resident TITLE ☐ Change Addition TITLE ☐ Delete German Plasencia # 201 4001 N. W. 97th Ave # 201 LANDERS, ROBIN NAME NAME STREET ADDRESS STREET ADDRESS 321 GRANELLO AVE Miami FL 33178 CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33146 SANDRO Puccinellipuetzo1 ☐ Change Addition **≥**Delete TITLE TITLE FONTS, JORGE M NAME NAME STREET ADDRESS STREET ADDRESS 9130 S DADELAND BLVD #1218 Miani, FG 33178 CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL* 33156-7850 -- ---Sonald Mery most ☐ Change ▲ Addition 🖬 Delete RICE, GENE NAME STREET ADDRESS STREET ADDRESS 4700 N. STATE RD. 7 Mioni, FC 33157 CITY-ST-ZIP CITY, ST., 7IP FT. LAUDERDALE FL 33319 ☐ Delete TITLE Change ☐ Addition GOLDSTEIN, HOWARD NAME NAME STREET ADDRESS STREET ADDRESS 1555 ALCALA AVE CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** Delete TIT1 E Change ☐ Addition PAGES, TANYA NAME STREET ADDRESS STREET ADDRESS 12515 SW 88TH ST, #416 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 TITLE ☐ Change Addition TITLE ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP thereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #