

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A96000000450**

1. Entity Name:  
**SLOMAN FINANCE, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
701 BRICKELL AVENUE, SUITE 850  
MIAMI FL 33131

Mailing Address  
701 BRICKELL AVENUE, SUITE 850  
MIAMI FL 33131-2822

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **NOT APPLICABLE** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SULLIVAN, JOHN S  
C/O PRS INTERNATIONAL  
701 BRICKELL AVE., SUITE 850  
MIAMI FL 33131**

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. Capital Contributions as Shown on record. **\$10,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000020710	STREET ADDRESS	
NAME	SLOMAN FINANCE, INC. BVI	CITY - ST - ZIP	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 850		
CITY - ST - ZIP	MIAMI FL 33131		100003249101 - -0
DOCUMENT #	F96000001157	STREET ADDRESS	-05/12/00--01003--008
NAME	SLOMAN FINANCE CORP.	CITY - ST - ZIP	****317.50 ****158.75
STREET ADDRESS	THE LAKE BUILDING, FIRST FLOOR		
CITY - ST - ZIP	ROAD TOWN, TORTOLA, BR. VIR IS		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Signature]* **SLOMAN FINANCE, INC.** 04/17/00 305-381-8340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #