

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000450**

1. Entity Name

SLOMAN FINANCE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 13 AM 10:35

4/5/28

Principal Place of Business

**701 BRICKELL AVENUE, SUITE 850
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVENUE, SUITE 850
MIAMI FL 33131**



2. Principal Place of Business

801 Brickell Ave

3. Mailing Address

801 Brickell Ave

Suite, Apt. #, etc.

16th Floor

Suite, Apt. #, etc.

16th Floor

DUE BY MAY 1, 2002

City & State

Miami, FL 33131

City & State

Miami, FL 33131

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, JOHN S

C/O: PPS INTERNATIONAL

701 BRICKELL AVE., SUITE 850

MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

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**
NAME **SLOMAN FINANCE, INC. BV**
STREET ADDRESS **701 BRICKELL AVENUE, SUITE 850**
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS **801 Brickell Ave, 16th Floor**
CITY-ST-ZIP **Miami, FL 33131**

DOCUMENT # **F96000001157**
NAME **SLOMAN FINANCE CORP.**
STREET ADDRESS **THE LAKE BUILDING, FIRST FLOOR**
CITY-ST-ZIP **ROAD TOWN, TORTOLA, BR. VIR IS**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/21/02

305-381-8340

Date

Daytime Phone #

CR2E003 (9/01)