2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 10, 2000 8:00 am Secretary of State **DOCUMENT # F56322** 1. Entity Name TOTAL FINANCIAL MANAGEMENT CORP. 03-10-2000 90029 033 ***150.00 Mailing Address Principal Place of Business 2451 NW 59ST. 2451 NW 59ST. OFOOTO BOCA RATON FL 33496 **BOCA RATON FL 33496-2842** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2179973 Not Applicable Country \$8.75 Additional Zip Zip / 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KATZ, DONALD B Street Address (P.O. Box Number is Not Acceptable) 2451 NW 59ST. #603 **BOCA RATON FL 33496** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. OFFICERS AND DIRECTORS ☐ Addition Change TITLE ☐ Delete TITLE KATZ. DONALD B. NAME NAME MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAG HARBOR NY 11963 CITY-ST-ZIP SD Change ☐ Addition ☐ Delete TITLE TITLE KATZ, GERTRUDE NAME NAME MAIN STREET STREET ADDRESS STREET ADDRESS SAG HARBOR NY 11963 CITY-ST-ZIP CITY-ST-7IP Change --- 🔄 Addition Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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 receive of 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 attachmen

2/2000

Daytime Phone #