

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90063 042 ***150.00

DOCUMENT # F930000003762

1. Entity Name

PAS Financial Group, Inc.

DO NOT WRITE IN THIS SPACE

87059109

2. Principal Place of Business

801 Cherry Street

Suite, Apt. #, etc.

Suite 3000

City & State

Fort Worth Tx

Zip

76102

Country

USA

3. Mailing Address

801 Cherry Street

Suite, Apt. #, etc.

Suite 3000

City & State

Fort Worth Tx

Zip

76102

Country

USA

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4. FEI Number

75-2321226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

C.T. Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd.

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Jerry Don Beck
STREET ADDRESS	1410 White Chapel Rd
CITY-ST-ZIP	Southlake Tx 76092
TITLE	SD
NAME	Arthur Heggen
STREET ADDRESS	9411 Southwest 72nd Ct.
CITY-ST-ZIP	Miami FL
TITLE	T
NAME	Enrique Castelo
STREET ADDRESS	9756 NW 29th Street
CITY-ST-ZIP	Miami FL
TITLE	D
NAME	MARK A. Cooper
STREET ADDRESS	1101 Ardena Dr
CITY-ST-ZIP	Arlington Tx 76017
TITLE	P.
NAME	Thomas E. McCraw
STREET ADDRESS	2508 Ryan Place Dr.
CITY-ST-ZIP	Fort Worth Tx 76110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas E. McCraw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. McCraw 3/6/02

Date

Daytime Phone #

CR2E034B (12/01)