

**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.

87058109

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|--|
| 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 <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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IN THIS SPACE**

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 State FL Zip Code 33324 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|

| 11. OFFICERS AND DIRECTORS | | | |
|----------------------------|--------------------------------|----------------|--|
| TITLE | D | TITLE | |
| NAME | Jerry Don Beck | NAME | |
| STREET ADDRESS | 1410 White Chapel Rd | STREET ADDRESS | |
| CITY-ST-ZIP | Southlake Tx 76092 | CITY-ST-ZIP | |
| TITLE | SD | TITLE | |
| NAME | Arthur Heppen | NAME | |
| STREET ADDRESS | 9411 Southwest 72nd Ct. | STREET ADDRESS | |
| CITY-ST-ZIP | Miami FL | CITY-ST-ZIP | |
| TITLE | T | TITLE | |
| NAME | Enrique Castelo | NAME | |
| STREET ADDRESS | 9756 NW 29th Street | STREET ADDRESS | |
| CITY-ST-ZIP | Miami FL | CITY-ST-ZIP | |
| TITLE | D | TITLE | |
| NAME | MARK A. Cooper | NAME | |
| STREET ADDRESS | 1101 Ardena Dr | STREET ADDRESS | |
| CITY-ST-ZIP | Arlington Tx 76017 | CITY-ST-ZIP | |
| TITLE | P. | TITLE | |
| NAME | Thomas E. McCraw | NAME | |
| STREET ADDRESS | 2508 Ryan Place Dr. | STREET ADDRESS | |
| CITY-ST-ZIP | Fort Worth Tx 76110 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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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** 3/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)