2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000278

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90015 010 ***150.00

1. Entity Name

INTERNET FINANCIAL NETWORK, INC.

Principal Place of Business	Mailing Address
3921 S.W. 47TH AVENUE SUITE #1011 DAVIE FL 33316	3921 S.W. 47TH AVENUE SUITE #1011 DAVIE FL 33314-2814

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33314 / Country	Zip / Country

4. FEI Number ~~65-0640949~~ 65-0540949 ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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. (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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD BORO, CLIFFORD T 3921 S.W. 47TH AVENUE, STE 1011 DAVIE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C,VP,S BORO, CLIFFORD T 3921 SW 47TH AVE DAVIE, F 33314	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HEMNES, THOMAS M 1 POST OFFICE SQUARE BOSTON MA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS PACE 55 BROADWAY, ONE EXCH PLAZA 17TH FLOOR NEW YORK, NY 10006	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BENNETT, RICHARD 28 VESEY STREET, STE 2195 NEW YORK NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACK RIVKIN 38 GREENWICH ST 36TH FLOOR NEW YORK, NY 10013	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, STEVEN 1111 KANE LONCOURSE #401 BAY HARBOR ISLANDS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JIM KOLLEGGER 310 W 86TH ST NEW YORK, NEW YORK 10024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELTON, PETER 71 BROADWAY NEW YORK NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT SMITH 3P CAVES POINT WEST BAY ST NASSAU, BA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD BERK 4000 ISLAND BLVD PH 2 WILLIAMS ISLAND, FL 33160	☐ Change ☒ Addition

CR2E034 (9/99)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/13/2000 954-321-6061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #