## 2002 Uniform Business Report (UBR)

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SIGNATURE:

vith an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

## Apr 04, 2002 8:00 am Secretary of State F95000000571 DOCUMENT # 1. Entity Name 04-04-2002 90015 008 \*\*\*158.75 INTERUNION FINANCIAL CORPORATION Mailing Address Principal Place of Business 1232 N OCEAN WAY 1232 N OCEAN WAY PALM BEACH FL 33480 PALM BEACH FL 33480 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, eto. -Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-2002396 Not Applicable Zin Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARY, T. JACK III . Street Address (P.O. Box Number is Not Acceptable) 250 ROYAL PALM WAY PALM BEACH FL 33480 City 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 FILE NOW!!! FEE IS \$150.00 -----10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME WOODTIL, MURIEL STREET ADDRESS 10 RUE PEIRRE FATIO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GENEVA SW CH-1204** Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME CROSBIE, ROBERT W STREET ADDRESS STREET ADDRESS RR#3, PORT HOPE CITY-ST-ZIP CITY-ST-ZIP **ONTARIO LIA 3V7** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME KOVNATS, MARTIN STREET ADDRESS STREET ADDRESS 457 CASTLEFIELD ROAD CITY-ST-ZIP CITY-ST-ZIP TORONTO, ONTARIO TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME GARY: T: JACK III -- --STREET ADDRESS STREET ADDRESS 250 ROYAL PALM WAY CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Change ☐ Addition TITLE ☐ Delete TITLE DΡ NAME NAME BENARROCH, GEORGES STREET ADDRESS STREET ADDRESS 1232 North Ocean Way CITY-ST-ZIP CITY-ST-ZIP <del>Palm Beach FL 33480</del> ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

D Georges Benarrock MAR 252002

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