

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001157

1. Entity Name

SLOMAN FINANCE CORP.

Principal Place of Business
P.O. BOX 71
WICKHAM'S CAY. ROAD TOWN
TORTOLA, BRITISH VIRGIN ISLA

Mailing Address
701 BRICKELL AVENUE
SUITE 850
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number NOT APPLICABLE

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

SULLIVAN, JOHN S
701 BRICKELL AVENUE, STE 850
MIAMI FL 33131

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
City PLANTATION 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 *Vicky Goldstein*
Signature, typed or printed name of registered agent and title if applicable.

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

4/26/01
DATE

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 D
ZARAK DE LA GUARDIA, LUIS
STREET ADDRESS AVDA. SAMUEL LEWIS CALIE 54 TORRE AFRA
CITY-ST-ZIP PISO NO. 10 PANAMA 1, REP DE ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME S
ZARAK DE LA GUARDIA, LUIS
STREET ADDRESS AVDA. SAMUEL LEWIS CALIE 54 TORRE AFRA
CITY-ST-ZIP PISO NO. 10 PANAMA 1, REP DE ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME AS
LEDEZMA, HERIBERTO
STREET ADDRESS AVDA. SAMUEL LEWIS CALIE 54 TORRE AFRA
CITY-ST-ZIP PISO NO. 10 PANAMA 1, REP DE ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D
MANSFIELD, ABDIEL
STREET ADDRESS AVDA. SAMUEL LEWIS CALIE 54 TORRE AFRA
CITY-ST-ZIP PISO NO. 10 PANAMA 1, REP DE ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

305-381-8340

Daytime Phone #

CR2E034 (10/00)

0495919

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90022 042 ***150.00



DO NOT WRITE IN THIS SPACE