2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002376

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90002 022 ***150.00

1. Entity Name

CFF CAPITAL, INC.

R

Principal Place of Business	Mailing Address
3885 SO. DECATUR BLVD., SUITE 2010 LAS VEGAS NV 89103	3885 SO. DECATUR BLVD., SUITE 2010 LAS VEGAS NV 89103-5873

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0397302 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANTORO, THOMAS C
1700 WELLS ROAD, SUITE 5
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

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 _____ 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) ☐

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	PSDT ☐ Delete	TITLE	PSDT ☒ Change ☐ Addition
NAME	MORTERA, GLORIA	NAME	MORTERA, GLORIA
STREET ADDRESS	182 LIRIO AVENUE	STREET ADDRESS	3885 SO. DECATUR BLVD STE 2010
CITY-ST-ZIP	BARRIGADA HEIGHTS, GUAM	CITY-ST-ZIP	LAS VEGAS, NV 89103
TITLE	D ☐ Delete	TITLE	MV ☒ Change ☐ Addition
NAME	CAMP, DAVID	NAME	CAMP, DAVID
STREET ADDRESS	3885 SO. DECATUR BLVD., SUITE 2010	STREET ADDRESS	3885 SO. DECATUR BLVD. STE 2010
CITY-ST-ZIP	LAS VEGAS NV 89103	CITY-ST-ZIP	LAS VEGAS, NV 89103
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	M. FLORITA CAMP
STREET ADDRESS		STREET ADDRESS	3885 SO. DECATUR BLVD STE 2010
CITY-ST-ZIP		CITY-ST-ZIP	LAS VEGAS, NV 89103
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: David B. Camp DAVID B. CAMP 4/27/00 (904) 443-0362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #