2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Secretary of State DOCUMENT # F99000005420 1. Entity Name 03-06-2002 90044 006 ***150.00 REVERE FINANCIAL CORPORATION Principal Place of Business Mailing Address 3637 MOTOR AVENUE. SUITE 200 3637 MOTOR AVENUE, SUITE 200 V I U T 15 LOS ANGELES CA 90034 LOS ANGELES CA 90034 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 95-4400358 Not Applicable Country \$8.75 Additional Zip 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 ROSALES, ANDREW A Street Address (P.O. Box Number is Not Acceptable) 1520 E FLETCHER AVE **TAMPA FL 33612** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) TITLE [7] Change ☐ Addition Delete TITLE NAME NAME FINE, JERROLD A STREET ADDRESS STREET ADDRESS 3637 MOTOR AVENUE, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90034 ☐ Change ☐ Addition TITLE ☐ Delete TITLE D NAME FINE, SUSAN E STREET ADDRESS STREET ADDRESS 3637 MOTOR AVENUE, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90034 Change ☐ Addition ☐ Delete TITLE TITLE S NAME NAME CRAIG, VALERIE STREET ADDRESS STREET ADDRESS 3637 MOTOR AVENUE, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90034 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute his 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 impowered.

EDITION

NTED MANY OF SIGNING OFFICER OR DIRECTOR

FILED

310-836-8700