2000 UNIFORM BUSINESS REPORT (UBR)

Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # G98800** 1. Entity Name NGMC FINANCE CORPORATION 01-20-2000 90131 043 ***150.00 Mailing Address Principal Place of Business % DAVID B. MCCAIN, ESC. 730 NW 107 AVENUE 700 NW 107 AVENUE MIAMI FL 33172 00007958MIAMI FL 33172-3161 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2299382 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCAIN, DAVID B., ESQ. Street Address (P.O. Box Number is Not Acceptable) 700 NW 107 AVENUE **MIAMI FL 33172** 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 DATE (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, 2000 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 (9/99) Change ☐ Addition **VD** ☐ Delete TITLE TITLE REED, LINDA NAME NAME STREET ADDRESS STREET ADDRESS 700 NW 107 AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Addition Change TITLE ☐ Delete NAME MUNOZ, JANCIE NAME STREET ADDRESS STREET ADDRESS 700 NW 107 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE MODIST, DEBRA NAME NAME STREET ADDRESS STREET ADDRESS 730 NW 107 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 Change ☐ Addition DCP TITLE ☐ Delete TITLE PEKOR, ALLAN J. NAME NAME STREET ADDRESS STREET ADDRESS **700 NW 107 AVENUE** CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33172 Change Addition ۷P ☐ Delete TITLE TITLE NAME KAMINSKY, NANCY NAME STREET ADDRESS STREET ADDRESS 730 NW 107 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 X Change Addition Delete TITLE TITLE Patricia Irvine KAMINSKEY, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 730 NW 107 AVENUE CITY-ST-7/P CITY-ST-ZIP MIAMI FL 33172

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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 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

address, with all other like empowered.

changed, or on an attachment w