2001 UNIFORM BUSINESS REPORT (UBR)

com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # H42130** THREE B FINANCIAL SERVICES, INC. 04-24-2001 90320 009 ***150.00 Principal Place of Business Mailing Address TRAFALGAR PLAZA SUITE 211 TRAFALGAR PLAZA SUITE 211 5310 NW 33RD AVENUE 5310 NW 33RD AVENUE FT. LAUDERDALE FL 33309-6319 FT. LAUDERDALE FL 33309-6319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2518623 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11, OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Defete TITLE Addition TITLE WEISMAN, BARTON D. NAME NAME 5310 NW 33RD AVE #211 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition LIPSCHUTZ, HOWARD NAME NAME 550 S. OCEAN DR., APT. 604 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Change ☐ Delete TITLE Addition KANTROWITZ, BARRY NAMÉ NAME STREET ADDRESS 5310 NW 33RD AVE #211 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 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 ADORESS CITY-ST-7IP CiTY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 poor it 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 trusteelempowered 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.