(66/6)
CR2E034

2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **H54332** -1. Entity Name RED FINANCIAL CORPORATION, INC. 03-20-2000 90081 007 ***150.00 Mailing Address Principal Place of Business % GEORGE R. MORAITIS % GEORGE R. MORAITIS 915 MIDDLE RIVER DR., \$-506 915 MIDDLE RIVER DR., S-506 ££664000 FORT LAUDERDALE FL 33304-3561 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2533872 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORAITIS, GEORGE R Street Address (P.O. Box Number is Not Acceptable) 915 MIDDLE RIVER DR. SUITE 506 FORT LAUDERDALE FL 33304 City Zip Code FL 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) DATE 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. \Box 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. 12. Addition PDT Delete □ Change TITLE BELMONT, JORGEA NAME STREET ADDRESS STREET ADDRESS 5100 N.OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Change ☐ Addition SDV TITLE ☐ Delete TITLE BELMONT, IVONNE NAME STREET ADDRESS STREET ADDRESS 5100 N.OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP FT.LAUDERDALE FL ☐ Addition ☐ Change ☐ Delete TITLE BELMONT..FERNANDO NAME NAME STREET ADDRESS 5100 N. OCEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

President.

2-17-00 94-503-4103

Daytime Phone #