

2000 UNIFORM BUSINESS REPORT (UBR)

pg 192

0031707

DOCUMENT # J38786

1. Entity Name

WARREN FINANCIAL GROUP, INC.

FILED

00 JUL 24 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2310 N.W. 3RD AVENUE
SUITE A8
POMPANO BEACH FL 33060

Mailing Address

2310 N.W. 3RD AVENUE
SUITE A8
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2750885

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WARREN, JEFFREY R. III
2310 N.W. 3RD AVENUE
SUITE A8
POMPANO BEACH FL 33060

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☒ Delete
NAME **WARREN, JEFFREY R. III**
STREET ADDRESS **2901 NE 23RD COURT**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **ELIZABETH S. WARREN**
STREET ADDRESS **2901 N. E 23rd CT**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **ST** ☐ Delete
NAME **ELIZABETH WARREN**
STREET ADDRESS **2901 NE 23 CT.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Second Filing RNS
7-13-00 1-2000

CR2E034 (5/00)

Pg 2 of 2
7-13-00

DEAR Katherine HARRIS:

I JUST received these 2 Uniform
Business Reports For the WARREN Financial
Group INC and American Institute For Retirement
Planning, INC. Both were mailed with
checks and sent in the same envelope
IN JANUARY OF THIS Year. I call
800-487-6059 #2 the moment
these arrived and they told me to
write a note to you. WE ARE ON
VACATION OUT OF STATE and I want
to take care of THIS IMMEDIATELY
IF YOU NEED DATES and check #s
Please Let me know they HAVE NOT
Cleared our Bank as of to day
Thank you IN ADVANCE For taking
care of THIS.

Sincerely

