2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J87846 Mar 13, 2000 8:00 am 1. Entity Name Secretary of State BYRON FINANCIAL & MANAGEMENT CORP. 03-13-2000 90015 047 ***150.00 Principal Place of Business Mailing Address 1451 W. CYPRESS CREEK RD 1451 W. CYPRESS CREEK RD SUITE 300 SUITE 300 FT. LAUDERDALE FL 33309-1953 FT. LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #, etc. Applied For City & State 4. FFI Number City & State 65-0003779 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BYRON, KELLY S. Street Address (P.O. Box Number is Not Acceptable) 1451 W. CYPRESS CREEK RD. SUITE 300 FT. LAUDERDALE FL 33309 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 DATE 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 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSD TITLE ☐ Change ☐ Addition ☐ Delete TITLE BYRON, KELLY S. NAME NAME STREET ADDRESS STREET ADORESS 1451 W. CYPRESS CRK #300 CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL ☐ Change ☐ Addition Delete TITLE BYRON, LESTER A., JR. NAME 1451 W. CYPRESS CRK #300 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT.LAUDERDALE FL ☐ Change ☐ Addition Delete TITLE LEVENSON, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 1451 W CYPRESS CREEK RD #300 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition Change TITLE TITLE NAME NAME miller, Koss 1451 W. CYPIESS Creek Rd # 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft. LAUderdAle ,FL 3 3309 TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE 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 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:

JRE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

9549282800

Daytime Phone #