FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # J87846** BYRON FINANCIAL & MANAGEMENT CORP. 04-09-2001 90053 031 ***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 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0003779 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 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 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 -- FILE NOW!!!- FEE.IS-\$150.00. 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5,00 May Be 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) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSD ☐ Change Addition TITLE ☐ Delete BYRON, KELLY S. NAME 1451 W. CYPRESS CRK #300 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition LEVENSON, NANCY NAME NAME STREET ADDRESS 1451 W CYPRESS CREEK RD #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ☐ Addition TITLE □ Delete TITI F MILLLER, ROSS NAME 1451 W. CYPRESS CREEK RD #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADORESS 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR