2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

FILED **DOCUMENT # K01118** Apr 27, 2000 8:00 am Secretary of State BRYMAR FINANCIAL GROUP, INC. 04-27-2000 90121 008 ***150.00 Principal Place of Business Mailing Address 4401 N. HILLSBORO BLVD. 4401 N. HILLSBORO BLVD. COCONUT CREEK FL 33073-3293 COCONUT CREEK FL 33073 Hew port anter DR. cipal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For D BEORY 65-0018496 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name WEINBERG, DANIEL J. Street 4401 N. HILLSBORO BLVD. **COCONUT CREEK FL 33073** ed entity submits this statement forthe purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above na SIGNATURE (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 ARAY MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Cleck Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change CR2E034 (9/99) **PSTD** Delete TITLE TITLE NAME NAME WEINBERG, DANIEL J. EATT WUDDATE ONTER DE STREET ADDRESS STREET ADDRESS 440+ N. HILLSBORO BLVD: CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33079 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of the receiver or trustage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. changed, or on an at

OR DIRECTOR