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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19, 2001 8:00 am Secretary of State **DOCUMENT # L67970** FINCO FINANCIAL CORPORATION 01-19-2001 90014 048 ***158.75 Principal Place of Business Mailing Address P O BOX 2037 P O BOX 2037 HALLANDALE FL 33008 HALLANDALE FL 33008 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0215639 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Telerom Ina INTERNATIONAL DESIGN GROUP INC USA Telecom, Inc 3201 GRIFFIN RD. **STE 210 DANIA FL 33312** 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. residud of USA Telecom 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME GARDNER, ROBERT STREET ADDRESS STREET ADDRESS 3201 GRIFFIN RD. CITY-ST-ZIP CITY-ST-ZIP DANIA FL TITLE ☐ Delete TITLE Change Addition DTPS NAME NAME RAYMOND, DAVID B. STREET ADDRESS STREET ADDRESS 3201 GRIFFIN RD. CITY-ST-ZIP CITY-ST-ZIP DANIA FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 or the receiver of 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. David Kaymord