2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M24136

1. Entity Name

WARREN CAPITAL CORPORATION.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90033 047 ***150.00

Principal Place of Business	Mailing Address
1642 MEDICAL LANE STE B FT MYERS FL 33907 US	1642 MEDICAL LANE STE B FT MYERS FL 33907-1109 US

2. Principal Place of Business	3. Mailing Address
9400 SOUTH DADELAND BLVD.	9400 SOUTH DADELAND BLVD.
Suite/Apt. #, etc. 100	Suite/Apt. #, etc. 100
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33156 / Country USA	Zip 33156 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2605723 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARREN, RICHARD 1642 MEDICAL LANE STE B FT MYERS FL 33907	Name Street Address (P.O. Box Number is Not Acceptable): 9400 SOUTH DADELAND BLVD., SUITE 100 City: MIAMI FL Zip Code: 33156

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: RICHARD A. WARREN — 3/27/2000

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 $150.00
After MAY 1, 2000 Fee will be $550.00
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	PD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	WARREN, RICHARD	NAME	
STREET ADDRESS	1642 MEDICAL LN STE B	STREET ADDRESS	9400 SOUTH DADELAND BLVD., SUITE 100
CITY-ST-ZIP	FT MYERS FL 33907	CITY-ST-ZIP	MIAMI, FL. 33156
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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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	

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: RICHARD A. WARREN — 3/27/2000 — 305-285-2880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #