2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: AND TY (ED OR PRINTED WAME OF SIGNING OF FICER OR DIRECTOR

Feb 08, 2000 8:00 am **DOCUMENT # M33628** 1. Entity Name Secretary of State GLOBAL FINANCIAL MANAGEMENT, INC. 02-08-2000 90146 042 ***158.75 Mailing Address Principal Place of Business C/O GEORGE M. IRVINE JR C/O GEORGE M. IRVINE JR 2955 W STATE ROAD 84 2955 W STATE ROAD 84 FT LAUDERDALE FL 33312-7701 FT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2683052 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IRVINE, GEORGE M. JR Street Address (P.O. Box Number is Not Acceptable) 2865 W STATE RD 84 #84 FT LAUDERDALE FL 33312 Zip Code FL 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DC ☐ Change ☐ Addition ☐ Delete TITLE TITLE IRVINE, GEORGE M. JR NAME NAME STREET ADDRESS STREET ADDRESS 2955 W.STATE ROAD #84 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition TITLE TITLE ☐ Delete IRVINE, JOAN M. NAME STREET ADDRESS STREET ADDRESS 2965 W.STATE ROAD #84 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE COLLER, SCOT M NAME NAME STREET ADDRESS STREET ADDRESS 2965 W STATE RD 84 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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.

FILED