2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # N28762** 1. Entity Name THE INVESTORS ALLIANCE, INC. 01-18-2000 90092 004 ****61.25 Principal Place of Business Mailing Address %FRANK A. LARDINO %Frank A. Lardino 219 COMMERICAL BLVD. 219 COMMERICAL BLVD. FT. LAUDERDALE FL 33308-4440 FT_LAUDERDALE FL 33308-4440 3. Maijing Address 2. Principal Place of Business O BOX 51569 4701 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 380-A City & State City & State Applied For 4. FEI Number LIGHTHOUSE POINT 65-0055927 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) H 380-A PERKINS, PAUL B INVESTORS ALLIANCE, INC. 219 COMMERICAL BLVD. #2E FT. LAUDERDALE FL 33308 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LARDINO, FRANK A. STREET ADDRESS STREET ADDRESS 219 COMMERCIAL BOULEVARD CITY-ST-ZIP CITY-ST-ZIP <u>FT. LAUDERDALE FL</u> ☐ Change ☐ Addition ☐ Delete TITLE TITLE D NAME NAME HETZEL DORIS I. STREET ADDRESS STREET ADDRESS 219 COMMERCIAL BOULEVARD CITY-ST-ZIP CITY_ST-ZIP FT. L'AUDERDALE FL: ----☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME PERKINS, PAUL B. STREET ADDRESS STREET ADDRESS 219 COMMERCIAL BOULEVARD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Delete Addition TITLE 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-ZIF TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachment with a

SIGNATURE: