

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90060 050 ****61.25

DOCUMENT # N98000003069

1. Entity Name

FINANCE NETWORK CLUB INC.

Principal Place of Business

**700 SE 3RD AVE., 3RD FLOOR
 FT. LAUDERDALE FL 33316**

Mailing Address

**700 SE 3RD AVE., 3RD FLOOR
 FT. LAUDERDALE FL 33316**

2. Principal Place of Business

450 E. Las Olas Blvd.

3. Mailing Address

450 E. Las Olas Blvd.

Suite, Apt. #, etc.

Ste. 950

Suite, Apt. #, etc.

Ste. 950

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

Zip

33301

Country

USA

Zip

33301

Country

USA

4. FEI Number

65-0839634

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DRATH, RICHARD CPA
 700 SE 3RD AVE
 3RD FLOOR
 FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

Drath, Richard CPA

Street Address (P.O. Box Number is Not Acceptable)

450 E. Las Olas Blvd.

Ste. 950

City

Ft. Lauderdale

FL

Zip Code

33301

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)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **DRATH, RICHARD**
 STREET ADDRESS **700 SE 3RD AVE 3RD FLOOR**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **BMD** ☒ Delete
 NAME **SALMON, JANINE**
 STREET ADDRESS **177 US HWY ONE STE 213**
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **BMD** ☐ Delete
 NAME **POPINO, JAMES P**
 STREET ADDRESS **9700 NW 15TH STREET**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **Drath, Richard**
 STREET ADDRESS **450 E. Las Olas Blvd. Ste 950**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE **BMD** ☐ Change ☒ Addition
 NAME **Itzler, Dan**
 STREET ADDRESS **12674 Little Palm Lane**
 CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 this 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 an address, with all other like empowered.

SIGNATURE:

SIG. RICHARD DRATH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02

CR2E037 (9/01)