

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000016114**1. Entity Name  
DRAC FINANCIAL SERVICES, INC.Principal Place of Business  
17290 NE 19 AVENUE  
NORTH MIAMI BEACH FL 331622210  
Mailing Address  
17290 NE 19 AVENUE  
NORTH MIAMI BEACH FL 3316222102. Principal Place of Business  
1501 NE 150 STREET3. Mailing Address  
1501 NE 150 STREETSuite, Apt. #, etc.  
103Suite, Apt. #, etc.  
103City & State  
NORTH MIAMI FLCity & State  
NORTH MIAMI FLZip  
331612648Zip  
3316126484. FEI Number  
65-0982363Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**ALMAN MARTIN H  
17290 NE 19 AVENUE  
NORTH MIAMI BEACH FL  
331622210**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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 \_\_\_\_\_ 04/26/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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**TITLE SD ☐ Delete  
NAME OTWAY KELVA M  
STREET ADDRESS 17290 NE 19 AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 331622210TITLE TD ☐ Delete  
NAME GARNES DEIDRE  
STREET ADDRESS 17290 NE 19 AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 331622210TITLE PD ☐ Delete  
NAME CHRISTOPHER CAROL  
STREET ADDRESS 17290 NE 19 AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 331622210TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE SD ☒ Change ☐ Addition  
NAME OTWAY KELVA M  
STREET ADDRESS 1501 NE 150 STREET UNIT 103  
CITY-ST-ZIP NORTH MIAMI FL 331612648TITLE TD ☒ Change ☐ Addition  
NAME GARNES DEIDRE  
STREET ADDRESS 1501 NE 150 STREET UNIT 103  
CITY-ST-ZIP NORTH MIAMI FL 331612648TITLE PD ☒ Change ☐ Addition  
NAME CHRISTOPHER CAROL  
STREET ADDRESS 1501 NE 150 STREET UNIT 103  
CITY-ST-ZIP NORTH MIAMI FL 331612648TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:** Carol Christopher

PD

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)