## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 08:00 AM P00000034287 DOCUMENT# 1. Entity Name **Secretary of State** FINANCIAL ALLIANCES, INC. Principal Place of Business Mailing Address 3275 W. HILLSBORO BOULEVARD 3275 W. HILLSBORO BOULEVARD DEERFIELD BEACH FL DEERFIELD BEACH FL 33442 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWARTZ HOWARD RICHARD 1801 S. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) 3275 W. HILLSBORO BOULEVARD SUITE 245B DELRAY BEACH FL33483 US City Zip Code DEERFIELD BEACH 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. RICHARD T. CLEARY 05/01/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change MAME CLEARY RICHARD NAME CLEARY RICHARD T STREET ADDRESS 3275 W. HILLSBORO BOULEVARD STREET ADDRESS 3275 W. HILLSBORO BOULEVARD DEERFIELD BEACH CITY-ST-ZIP FL 33442 CITY-ST-ZIP DEERFIELD BEACH 33442 ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

PRES

05/01/2001

Daytime Phone #

Date

RICHARD T. CLEARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_