2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P0000042830 EBOATLOANS, INC. 04-25-2001 90040 014 ***150.00 Principal Place of Business Mailing Address 757 SOUTHEAST 17TH STREET 757 SOUTHEAST 17TH STREET SUITE 349 SHITE 349 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 62-04) 1906 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRITTENDE ACK SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 CUNICT 12 MIAMI FL 8. The above nar pent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE bores many CH2E034 (10/00) ☐ Delete TITLE Addition NAME FLORA, DINO NAME JACK ORITHUNDEN STREET ADDRESS 757 SOUTHEAST 17TH STREET x Same CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 VICE PREGOTY TITLE ☐ Delete TITLE Addition NAME SCOTT, JEFF DINO FLARA MAME STREET ADDRESS 757 SOUTHEAST 17TH STREET STREET ADDRESS D SAME CITY-ST-ZIP CITY-ST-ZIE FORT LAUDERDALE FL 33316 TITL F へからしん イフィン Delete TITLE ☐ Addition LEVIN, STEVE NAME NAME RICKY LOWE STREET ADDRESS 757 SOUTHEAST 17TH STREET TREET-ADDRESS SAME CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information indicated on this report or suppler lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 tee empowers on exemption that report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receive changed, or on an attachment v

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