

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90005 049 ***150.00

DOCUMENT # P00000050200

1. Entity Name

CASHFLOW FINANCING, INC.

Principal Place of Business

Mailing Address

5394 West 16th Ave
 Hialeah, Fl 33012

5394 West 16th Ave
 Hialeah, Fl 33012

00029252

2. Principal Place of Business

5394 West 16th Ave

3. Mailing Address

5394 W 16th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH, FL

City & State

Hialeah, Fl

4. FEI Number

65-1021687

Applied For

Not Applicable

Zip 33012

Country

Zip 33012

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALFONSO OVIEDO- REYES
 8370 W. FLAGER STREET #110
 Miami, Fl 33144

Name

DELIA MARGARITA DE OBISPO

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

5394 W. 16th Ave

Hialeah, Fl. 33012

City

Hialeah,

FL

Zip Code 33012

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/21/2001

9. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME OBISPO, DELIA MARGARITA DE
 STREET ADDRESS 8370 W Flager St. #110
 CITY-ST-ZIP Miami, Fl. 33144

TITLE Change Addition
 NAME
 STREET ADDRESS 5394 W. 16th Ave
 CITY-ST-ZIP Hialeah. Fl. 33012

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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 CITY-ST-ZIP

TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/2001

Date

305-828-3099

Daytime Phone #

CR2E034 (11/00)