2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am § Secretary of State P01000039582 DOCUMENT # 1. Entity Name FORTY FOUR FINANCIAL GROUP, INC. 03-11-2002 90072 017 ***150.00 Principal Place of Business Mailing Address 1715 NE 39 ST 1715 NE 39 ST FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 3. Mailing Address 2. Principal Place of Business 3300 N. PORT ROYALE DR. 3300 N. PORT ROYALE DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State FT. LAUDERDALE, FL FT. LAUDERDALE 105-1093807 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 13ROWAND Fee Required BROWARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVID M. WICHOL, JR. -NICHOL, HOLLY D Street Address (P.O. Box Number is Not Acceptable) 1715 NE 39 ST FT LAUDERDALE FL 33334 Zip Code 33308 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE DIRECTOR ₹ Change Delete TITI F DAVID M. NICHOL, JR. NICHOL, HOLLY D NAME NAME 3300 N. PORTROYALE OR. # 309 STREET ADDRESS 1715 NE 39 ST STREET ADDRESS FT LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE, FL 33308 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME 🦼 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME 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.

FILED

CR2E034 (9/01)