FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 26, 2002 8:00 am **DOCUMENT #** P01000071195 **Secretary of State** 1. Entity Name INTERNATIONAL FINANCIAL ASSOCIATES, INC. 02-26-2002 90091 038 ***158.75 Principal Place of Business Mailing Address 217 ARAGON AVENUE 217 ARAGON AVENUE **CORAL GABLES FL 33134** CORAL GABLES FL 33134 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERMAN, ALISON P 2800 PONCE DE LEON BOULEVARD **SUITE 1125** CORAL GABLES FL 38134 in the State of Florida his statement for the purpose of changing its registered office or registered agent, or both, 8. The above named SIGNATURE (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, 2002 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 CR2E034 (9/01) TITLE Addition TITLE ☐ Delete BRANDON, ROBERT A NAME NAME 217 ARAGON AVENUE STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Fjorida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplie indicated on this report or supplemen of the corporation or the receiver or changed, or on an attachment with