

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90002 042 ***150.00

DOCUMENT # **P01000096229**

1. Entity Name

INDEPENDENCE FINANCIAL GROUP Corp.

DO NOT WRITE IN THIS SPACE

808058

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2903 N. 38TH AVE

Suite, Apt. #, etc.

3. Mailing Address

2903 N. 38TH AVE

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

USA

City & State

Hollywood, FL

Zip

33021

Country

USA

4. FEI Number

65-1143138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CHARLES Gordon

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

2903 N. 38TH AVE

City

Hollywood

FL

Zip Code

33021

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

1/17/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P, S, T, D
CHARLES Gordon
2903 N. 38TH AVE
Hollywood, FL 33021**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02

954-465-8633

CR2E034B (12/01)