

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91149 036 ***150.00

DOCUMENT # P01000114958

1. Entity Name
ADVANCED ENTERPRISE FINANCIAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1632 NE 148 Street

Suite, Apt. #, etc.

3. Mailing Address
1632 NE 148 Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
02-0544364

Applied For
Not Applicable

Zip
33181

Country
U.S.A.

Zip
33181

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

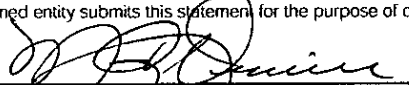
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MILTON G. OMIER
Street Address (P.O. Box Number is Not Acceptable)
1960 NW 195 STREET

City
OPA LOCKA **FL** Zip Code
33056

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  **Milton Omier**

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02
DATE

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 \$300.00
Amount Due \$150.00
Amount Due \$300.00

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
President
Danessa Flores
1632 NE 148th Street
Miami, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Greisys Leon
1632 NE 148 Street
Miami, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Jesus Rodriguez
1632 NE 148 Street
Miami, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Milton Omier
1632 NE 148 Street
Miami, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:  **Milton Omier**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
Date

(305) 948-6411
Daytime Phone #

CR2E034B (12/01)