

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91315 009 ***150.00

031168 AV

DOCUMENT # P01000114958

1. Entity Name
ADVANCED ENTERPRISE FINANCIAL, INC.



Principal Place of Business
**1632 NE 148 ST
MIAMI FL 33181**

Mailing Address
**1632 NE 148 ST
MIAMI FL 33181**

2. Principal Place of Business
15126 West Dixie Hwy.

3. Mailing Address
15126 West Dixie Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
North Miami Beach, FL

City & State
North Miami Beach, FL

4. FEI Number **02-0544364**

Applied For
 Not Applicable

Zip
33162

Country
USA

Zip
33162

Country
USA

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

**OMIER, MILTON G.
1960 NW 195 ST
OPA LOCKA FL 33056**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P FLORES, DANESSA**
STREET ADDRESS **1632 NE 148TH ST.**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE Change Addition
NAME **President Lorenzo, Gustavo A.**
STREET ADDRESS **2145 Arch Creek Dr.**
CITY-ST-ZIP **N. Miami, FL 33181**

TITLE Delete
NAME **S LEON, GREISYS**
STREET ADDRESS **1632 NE 148 ST**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D OMIER, MILTON**
STREET ADDRESS **1632 NE 148 ST**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T RODRIGUEZ, JESUS**
STREET ADDRESS **1632 NE 148 ST**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 Date
(305) 948-6145 Daytime Phone #

CR2E034 (10/02)