

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

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90131 031 ***150.00

DOCUMENT # **P01000115718**

1. Entity Name

ADVANCED FINANCIAL CORP.

DO NOT WRITE IN THIS SPACE

975878

2. Principal Place of Business

6039 COLLINS AVE

Suite, Apt. # etc.

APT. # 1735

3. Mailing Address

6039 COLLINS AVE.

Suite, Apt. # etc.

APT. # 1735

City & State

MIAMI BEACH FL.

City & State

MIAMI BEACH FL.

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

-11-3648129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LAZARO MANUEL GONZALEZ

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

6039 COLLINS AVE. #1735

City

MIAMI BEACH

FL

Zip Code

33140

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)

8/19/02

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 \$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

**PS
GLORIA ORDAZ
2504 S.W. 133 COURT
MIAMI FL 33175**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP T
LAZARO MANUEL GONZALEZ
6039 COLLINS AVE #1735
MIAMI BEACH FL 33140**

TITLE
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STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/19/02

Daytime Phone #

CR2E034B (12/01)

Attachment

975878

TELEPHONE: 305-513-3639
FAX: 305-513-4122

CABANAS & ASSOCIATES, P.A.
ACCOUNTING, TAX PLANNING & PREPARATION
SQUARE ONE BUSINESS CENTER
10520 N.W. 26TH STREET
SUITE C-201
MIAMI, FLORIDA 33172

MEMBER OF
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

August 19, 2002

Dept. of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32314

Re: Advanced Financial Corp.
Num: P01000115718

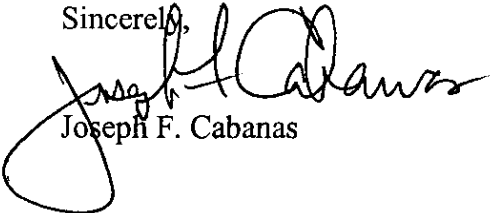
Gentlemen:

We are the accountants for the above referenced Corporation, and have been asked by our client to correspond with you concerning their "Application for Reinstatement" of the Corporation.

Please note that our client requests amnesty of the penalty, due to the fact that they never received any of the Annual Report applications. Our client moved shortly after creating the Corporation and was never forwarded any of the States correspondence.

We are enclosing a completed "Uniform Business Report" with the \$150.00 filing fee, for the year 2001. We respectfully request that you please consider the above circumstances and reinstate our client, since they want to comply with all applicable State Laws.

Sincerely,


Joseph F. Cabanas