FILED
Apr 25, 2003 8:00 am
Secretary of State
01-31-2003 90095 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000078049

1. Entity Name
THE FINANCING GROUP, INC.

55031326

Principal Place of Business
~~P. O. BOX 804876~~
~~MARGATE FL 33063~~
1690 NE 205 TErr
North Miami Beach, FL 33179

Mailing Address
~~P. O. BOX 804876~~
~~MARGATE FL 33063~~

2. Principal Place of Business: 1690 NE 205 Terr
Suite, Apt. #, etc.:
City & State: North Miami Beach, FL
Zip: 33179
Country:

3. Mailing Address: 1690 NE 205 Terr
Suite, Apt. #, etc.:
City & State: N.M.B, FL
Zip: 33179
Country:

✓ CHECK HERE IF MAKING CHANGES

4. FEI Number: 22-3858262
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
NACHMANI, YOSEF H
~~P.O BOX 804876~~
~~MARGATE FL 33063~~
1690 NE 205 TErr
North Miami Beach,
FL 33179

7. Name and Address of New Registered Agent
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NACHMANI, YOSEF ~~3800 S OCEAN DR APT# 824~~ ~~HOLLYWOOD FL 33019~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Nachmani Yosef 900 West AVE #407 Miami Beach, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 REQUIRED Yosef Nachmani 4.21.03 954-6636400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #