


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-27-2003 90150 029 ***150.00

DOCUMENT # P02000088023	
1. Entity Name NOBLE HOUSE FINANCIAL, INC.	

Principal Place of Business 11410 NORTH KENDALL DRIVE SUITE 207 MIAMI FL 33176	Mailing Address 11410 NORTH KENDALL DRIVE SUITE 207 MIAMI FL 33176
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State	City & State
Zip	Country

4. FEI Number 58-2370894	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLLANDER, MARK 11410 NORTH KENDALL DRIVE SUITE 207 MIAMI FL 33176

7. Name and Address of New Registered Agent
Name: Frances Hollander
Street Address (P.O. Box Number is Not Acceptable): 12345 SW 90 Ave
City: Miami FL Zip Code: 33176

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: <i>Frances Hollander</i>	DATE: 2/25/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	HOLLANDER, MARK
STREET ADDRESS	11410 NORTH KENDALL DRIVE SUITE 207
CITY-ST-ZIP	MIAMI FL 33176
TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	FRANCE HOLLANDER
STREET ADDRESS	12345 SW 90 AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>SIGNATURE REQUIRED</i>	DATE: 2/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (10/02)