

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36343

1. Entity Name

FINANTRA CAPITAL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90113 011 ***150.00

Principal Place of Business

150 S PINE IS RD STE 500
 PLANTATION FL 33324
 US

Mailing Address

150 S PINE IS RD STE 500
 PLANTATION FL 33324-2665
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3571419

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAYNARD, HELLMAN ESQ
 150 S PINE IS RD STE 500
 PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PDF~~ C, D, ~~ESQ~~ ☐ Delete
 NAME PRESS, ROBERT D.
 STREET ADDRESS 3000 ISLAND BLVD
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Change ☒ Addition
 NAME Tom Dwyer, D
 STREET ADDRESS 150 S. Pine Island Rd.
 CITY-ST-ZIP Plantation, FL 33324

TITLE ~~DPS~~ D, V, S ☐ Delete
 NAME SCHREIBER, ALYCE
 STREET ADDRESS 208 3 IS BLVD #306
 CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☒ Addition
 NAME D, P Charles Litt
 STREET ADDRESS 150 S. Pine Island Rd #500
 CITY-ST-ZIP Plantation, FL 33324

TITLE ~~ESQ~~ ☐ Delete
 NAME D, Maynard J. Hellman
 STREET ADDRESS 150 S. Pine Island Rd.
 CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ Change ☒ Addition
 NAME D, Maynard J. Hellman
 STREET ADDRESS 150 S. Pine Island Rd.
 CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ Delete
 NAME D, Fred Dupuy
 STREET ADDRESS 150 S. Pine Island Rd #500
 CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ Change ☒ Addition
 NAME D, Fred Dupuy
 STREET ADDRESS 150 S. Pine Island Rd #500
 CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ Delete
 NAME D, Arthur Press
 STREET ADDRESS 150 S. Pine Island Rd.
 CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ Change ☒ Addition
 NAME D, Arthur Press
 STREET ADDRESS 150 S. Pine Island Rd.
 CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ Delete
 NAME T, Vern Landeck
 STREET ADDRESS 150 S. Pine Island Rd
 CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ Change ☒ Addition
 NAME T, Vern Landeck
 STREET ADDRESS 150 S. Pine Island Rd
 CITY-ST-ZIP Plantation, FL 33324

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alyce B Schreiber 4/27/2000 954-577-9225

Date

Daytime Phone #

CR2E034 (9/99)