## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2002 8:00 am Secretary of State DOCUMENT # P93000056747 1. Entity Name SECURITY FINANCIAL & INVESTMENT CORP. 04-23-2002 90386 028 \*\*\*150.00 Principal Place of Business Mailing Address 6917 COLLINS AVE P.O. BOX 415638 **SUITE 1611** MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address 1250 E. Hallandale Beach Blvd. 1250 E. Hallandale Beach Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 300 Suite 300 City & State 4. FEI Number Applied For City & State Hallandale, Florida 41-1792016 Hallandale, Florida Not Applicable Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired 33009 US Fee Required 33009 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Brenda Nestor NESTOR, BRENDA Street Address (P.O. Box Number is Not Acceptable) 1250 E. Hallandale Beach Blvd. 6917 COLLINS AVE. **SUITE 1611** <u>Suite 300</u> MIAMI BEACH FL 33141 Zip Code 33009 Hallandale 8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed ov printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Brenda Nestor / President 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Vice Chairman/ExVP/AT/AS/Dir X Change TITLE ☐ Delete TITI F SVPD NAME COLVIN, MELVIN R NAME 1250 E. Hallandale Beach Blvd. Suite 300 STREET ADDRESS 6917 COLLINS AVE SUITE 1611 STREET ADDRESS CITY-ST-7IP MIAMI BEACH FL 33141 CITY-ST-7IP Hallandale, Florida 33009 TITLE Chairman/Pres/CEO/AT/AS/Dir X Change TITLE \_\_\_ Delete **ESDV** NAME NAME Nestor, Brenda 1250 E. Hallandale Beach Blvd. Suite 300 STREET ADDRESS STREET ADDRESS 6917 COLLINS AVE. STE.1611 Hallandale, Florida 33009 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 Addition TITLE ☐ Delete TITLE Secretary/Treasurer X Change TAS NAME NAME LAUNER, BLANCHE S 1250 E. Hallandale Beach Blvd. Suite 300 6917 COLLINS AVE. STE. 1611 STREET ADDRESS STREET ADDRESS Hallandale, Florida 33009 CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE TITLE Change Addition VASD Delete CFO/AT NAME NAME FIELD, LISA M McGann Edward T. STREET ADDRESS STREET ADDRESS 6917 COLLINS AVE. STE. 1611 1250 E. Hallandale Beach Blvd. Suite 300 Hallandale, Fl 33009 CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIE Delete TITLE PCDC TITLE Change ■ Addition

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

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

SIGNATURE:

Posner, victor

MIAMI BEACH FL 33141

6917 COLLINS AVE, SUITE 1611

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

□ Delete

4/5/02

95<sup>2</sup>4-458-4343

☐ Change

☐ Addition