

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023932

1. Entity Name

AFFILIATED FINANCIAL CORPORATION

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90025 043 ***150.00

0106790

Principal Place of Business
3900 HOLLYWOOD BLVD.
STE. 201
HOLLYWOOD FL 33021
US

Mailing Address
3900 HOLLYWOOD BLVD.
STE. 201
HOLLYWOOD FL 33021
US

552108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0567309
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
JACOBS, DOUGLAS
3900 HOLLYWOOD BLVD.
SUITE 201
HOLLYWOOD FL 33021

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.

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	JACOBS, DOUGLAS	
STREET ADDRESS	3900 HOLLYWOOD BLVD, STE 201	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input type="checkbox"/> Delete
NAME	REYF, ALAN	
STREET ADDRESS	3900 HOLLYWOOD BLVD, STE 201	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VC	<input type="checkbox"/> Delete
NAME	JACOBS, DANIEL	
STREET ADDRESS	3900 HOLLYWOOD BLVD., STE. 201	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	C	<input type="checkbox"/> Delete
NAME	LEHMAN, WILLIAM	
STREET ADDRESS	3900 HOLLYWOOD BLVD, STE 201	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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

4/30/01 954-364-0049
Date Daytime Phone #

CR2E034 (10/00)