2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2002 8:00 am § Secretary of State DOCUMENT # P95000024860 1. Entity Name 04-28-2002 90776 015 ***158 INTERNATIONAL FINANCIAL PRODUCTS, INC Principal Place of Business Mailing Address 250 PARK AVENUE SOUTH 250 PARK AVENUE SOUTH SUITE 200 SUITE 200 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Centra 220 E. Centra Suite, Apt. #, etc. 5+e 2.1 DO NOT WRITE IN THIS SPACE Ste, 2060 2060 City & State 4. FEI Number Applied For 59-3309701 Attamonte Not Applicable \$8.75 Additional 5. Certificate of Status Desired usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VEITIA, DIEGO J 250 PARK AVENUE SOUTH SUITE 200 WINTER PARK FL 32789 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 social SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tay 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DPS** ☐ Delete TITLE Change NAME NAME veitia, diego j 220 E. Central Parkury Ste 2060 STREET ADDRESS 250 PARK AVENUE SOUTH SUITE 200 STREET ADDRESS Altamonte Springs, FL 32701 CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32789 Tresa Veitia-Williamson Change Addition TITLE VM ☐ Delete TITLE NAME NAME veitia, tresa n 220 E. Central Parkury, Ste 2060 STREET ADDRESS STREET ADDRESS 250 PARK AVENUE SOUTH, STE 200 Altamonte Springs, CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change Addition TITLE ☐ Delete TITLE NAME NAME HINZ, JONATHAN Parkuny, Ste 2060 STREET ADDRESS STREET ADDRESS 250 PARK AVE SOUTH STE 200 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 DIRECTO