2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000085969**

NORTH AMERICAN INTERNATIONAL FINANCIAL CORPORATI

Principal Place of Business

Mailing Address

3461 SW WILLISTON RD. CAINESVILLE EL 32608

3461 SW WILLISTON RD. GAINESVILLE FL 32608-5050

SMINESVILLE I C 32	000	CHINEDYICLE I'E SECONOCO					
2. Principal Place of Business		3. Mailing Addre	ess				
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				

FILED May 26, 2000 8:00 am Secretary of State

05-26-2000 90092 022 ***158.75



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Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	FEI Number	50-2/27767			oplied For ot Applicable	
Zip	Country	Zip Country			5.	5. Certificate of Status Desired					
	6. Name and Address of Current R	egistered Agent			7, 1	Name and Ad	dress of New R	egistered	Agent		
GRECZ, NICHOLAS DR 3962 N.W. 27TH LANE				Name	EUGEA	Sess (P.O. Box Number is Not Acceptable)					
				Street Ad	dress (P.O. E						
					•						
GAINI	ESVILLE FL 32608			3916	SW /	iw 19 st					
				City 6-	4INES	VILLE	·	FL	Zip Cod	32608	
8. The above i	named entity submits this statement for	the purpose of changing its	registere	ed office or r	egistered ag	gent, or both, in	the State of Flo	rida.			
SIGNATURE _	Surp E.	NUENE RICHTE Id title if applicable. (NOTE	= R			•	4/26	1200	0		
	Signature, typed or printed name of religiered agent ar	d title if applicable. (NOTE	: Registered	d Agent signature	required when r	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!! After MAY 1, 200 Make Check Payable			00 Fee	will be \$55	0.00	1	n Campaign Fir und Contributio	~ -		00 May Be d to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		ΑŪ	DDITIONS/CH	ANGES TO OFF	ICERS ANI	DIRECTOR	S IN 11	
TITLE	PS	☐ Delete	TITLE	:	PRESI				🔀 Change	☐ Addition	
NAME	TREET ADDRESS 3962 N.W. 27TH LANE			E		NE RÌCH					
STREET ADDRESS				STREET ADDRESS 39/6 SW 19 ST CITY-ST-ZIP GATNESVILLE, FL. 32608							
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY	- ST- ZIP	641NI	ESVILLE	= , FL. 5	260A			
TITLE	V SIGNATURE SIGNATURE	☐ Delete	TITLE						Change	Addition	
NAME	RICHTER, EUGENE		NAME	ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	3916 S.W. 19TH STREET GAINESVILLE FL 32608			-ST-ZIP							
	T SZOOO	□ Delete	TITLE			-		•	Change	☐ Addition	
TITLE NAME	JAW, REBECCA Y	□ Delete	NAMI								
STREET ADDRESS	3962 NW 27 LANE	the said the same constitution with the same the said of the said	STRE	ET ADDRESS		* *. :	~~~~~~~~~	 			
CITY-ST-ZIP	GAINSVILLE FL 32606		CITY	- ST- ZIP							
TITLE		☐ Delete	TITLE	-					Change	☐ Addition	
NAME			NAM								
STREET ADDRESS				ET ADDRESS -ST-ZIP							
CITY-ST-ZIP									☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE						LT change	□1 Vacation	
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		□ Delete	TITLE				·		☐ Change	Addition	
NAME			NAM	E							
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
13. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exe	mption state	d in Section	119.07(3)(i), F	lorida Statutes.	i further ce	rtify that the i	nformation 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR