

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90155 024 ***150.00

DOCUMENT # P95000085969

1. Entity Name

NORTH AMERICAN INTERNATIONAL FINANCIAL CORPORATI

Principal Place of Business

**3461 SW WILLISTON RD.
 GAINESVILLE FL 32608**

Mailing Address

**3461 SW WILLISTON RD.
 GAINESVILLE FL 32608**

2. Principal Place of Business

3461 SW WILLISTON RD

Suite, Apt. #, etc.

3. Mailing Address

3461 SW WILLISTON RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-3437767

Applied For

Not Applicable

Zip

32608

Country

USA

Zip

32608

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

RICHTER, EUGENE

3916 SW 19TH ST

GAINESVILLE FL 32608

3461 SW WILLISTON RD.

7. Name and Address of New Registered Agent

Name

EUGENE RICHTER

Street Address (P.O. Box Number is Not Acceptable)

3461 SW WILLISTON RD

City

GAINESVILLE

FL

Zip Code

32608

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

TITLE **PS** ☐ Delete
 NAME **RICHTER, EUGENE**
 STREET ADDRESS **3916 SW 19 ST**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **V** ☐ Delete
 NAME **RICHTER, EUGENE**
 STREET ADDRESS **3916 S.W. 19TH STREET**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **T** ☐ Delete
 NAME **JAW, REBECCA Y**
 STREET ADDRESS **3962 NW 27 LANE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS, RICHTER, EUGENE** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **3461 SW WILLISTON RD.**
 CITY-ST-ZIP **GAINESVILLE, FL. 32608**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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

PRESIDENT 4/22/2001

Date

Daytime Phone #

CR2E034 (10/00)