2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2000 8:00 am Secretary of State OCUMENT# >-Americiant Financial, Corp. 04-17-2000 90056 036 ***150.00 Mailing 9655 S. Dixie Hay #212 Same Miami FL 33156 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country Country \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent Mignel A. Briznela 9215 S.W. 78Ct. Name Street Address (P.O. Box Number is Not Acceptable) Miami, FL 33156 Zip Code FL 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. NATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES TITLE ☐ Change Addition NAME L: ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Change Addition NAME :: ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME .:: <u>≛000</u>eESS STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME _L: ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition LL: ADDRESS STREET ADDRESS ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition ... ADDRESS STREET ADDRESS CITY-ST-ZIP I nereby 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee impowered to execute this report as required by Chapter 608, Florida Statutes. 3-28-00 305-661-3227 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER