

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**  
 04-22-2002 90120 025 \*\*\*150.00

FORM 600 1/01

**DOCUMENT # P96000020710**

1. Entity Name  
**SL'OMAN FINANCE, INC. BVI**

Principal Place of Business <b>701 BRICKELL AVENUE                  SUITE 850                  MIAMI FL 33131</b>	Mailing Address <b>701 BRICKELL AVENUE                  SUITE 850                  MIAMI FL 33131</b>
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2. Principal Place of Business <b>801 Brickell Ave</b>	3. Mailing Address <b>801 Brickell Ave</b>
Suite, Apt. #, etc. <b>16th Floor</b>	Suite, Apt. #, etc. <b>16th Floor</b>
City & State <b>Miami, FL 33131</b>	City & State <b>Miami, FL 33131</b>
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEMS**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <b>SULLIVAN, JOHN S</b> <b>RESIDENCE PARK SANT ROMAN APT 802</b> <b>AVENIDA SANT ROMA MONTECAROLMO 98000</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <b>DE OTADUY, JAVIER</b> <b>Residence Park Sant Roman Apt. 802</b> <b>Avenida Sant Roma Montecarlomo 98000</b>
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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: \_\_\_\_\_ **3/21/02** **305-381-8340**

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)