2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000051677** May 16, 2000 8:00 am Secretary of State 1. Entity Name POTAMKIN FINANCE - FURY, INC. 05-16-2000 90170 001 ***150.00 Mailing Address Principal Place of Business 4675 S.W. 74TH ST. 4675 S.W. 74TH ST. MIAMI FL 33143. MIAMI FL 33134-5418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0677135 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATHMAN, WAYNE M Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER, SUITE 3660 NE BISAINE 10WER 2 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131 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) 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition TITLE POTAMKIN, ROBERT M NAME NAME 4675 S.W. 74TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Change ☐ Addition ☐ Delete TITLE TITLE POTAMKIN, ALAN H NAME 4675 S.W. 74TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33143** ☐ Change ☐ Addition ☐ Delete TITLE TITLE FIORAVANTE, EUGENE NAME 4675 S.W. 74TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS

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 empended to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address er like empowered hment with aft with all o changed, or on an att

CITY-ST-ZIP

SIGNATURE:

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CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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