

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90064 014 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000018279** ✓

1. Entity Name

INDEP. FINANCIAL, INC.

662038

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6646 VILLA SONRISA DR.

Suite, Apt. #, etc.

#524

3. Mailing Address

Same as Place of Business

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

4. FEI Number

65-6733594

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NICHOLAS STARS

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

6646 VILLA SONRISA DR.

#524

City

BOCA RATON

FL

Zip Code

33433

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	NICHOLAS STARS	6646 VILLA SONRISA DR. #524	BOCA RATON, FL 33433
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

561-215-3396

Daytime Phone #

CR2E034B (12/01)