

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039371

1. Entity Name

AFCO FINANCE CORPORATION

FILED

00 AUG -7 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3650 N FEDERAL HWY
STE 202 214
LIGHTHOUSE POINT FL 33064

3650 N FEDERAL HWY
STE 202 214
LIGHTHOUSE POINT FL 33064-6649

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE # 214

STE # 214

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0752239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAEFFER, JOHN
1633 SE 6TH ST.
DEERFIELD BEACH FL 33441

MALCOLM BERMAN
5775 VINTAGE OAKS CIRCLE
DELRAY BEACH, FL
33484

7. Name and Address of New Registered Agent

Name MALCOLM BERMAN
Street Address (P.O. Box Number is Not Acceptable)
5775 VINTAGE OAKS CIRCLE
City DELRAY BEACH FL Zip Code 33484

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 MALCOLM BERMAN MALCOLM BERMAN S-26-00
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, 2000 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	<input checked="" type="checkbox"/> Delete
NAME	SCHAEFFER, JOHN	
STREET ADDRESS	1633 SE 6TH ST	
CITY-ST-ZIP	DEERFIELD FL 33441	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BERMAN, MALCOM	
STREET ADDRESS	5775 VINTAGE OAKS CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003258911-0	
STREET ADDRESS	-05/19/00--01028--004	
CITY-ST-ZIP	***300.00 ***150.00	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5775 VINTAGE OAKS CIRCLE	
STREET ADDRESS	33484	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MALCOLM BERMAN MALCOLM BERMAN 4-28-00 954 943-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #