## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 06, 2002 8:00 am<sup>2</sup> Secretary of State **FILED** P97000098722 DOCUMENT # 1. Entity Name RUSSELL FINANCIAL CORP. 05-06-2002 90144 009 \*\*\*150 00 Principal Place of Business Mailing Address 1000 NW 14TH STREET 1000 NW 14TH STREET MIAMI FL 33136-2105 MIAMI FL 33136-2105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0792980 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLMAN, DONNA Street Address (P.O. Box Number is Not Acceptable) 1000 NW 14TH STREET MIAMI FL 33136 City Zip Code FL 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PDS ☐ Delete TITLE Change ☐ Addition FAIBISCH, CHARLES NAME NAME 1000 NW 14TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33136 CITY-ST-ZIP TITLE ☐ Addition TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is yue and this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information use and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if er or trustee empowered to with an address, with all of of the corporation or the receichanged, or on an attachmen

Date

Daytime Phone #