

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. 997000105016 ... 1999+2000  
 1. Entity Name FINN FINANCIAL, INC.

APPROVED  
AND  
FILED

00 APR 17 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1045 SW 15TH STREET PO BOX 10432  
SUITE G-109 POMPANO BEACH FL  
POMPANO BEACH FL 33069 33061

2. Principal Place of Business 3. Mailing Address  
1045 SW 15TH STREET PO BOX 10432  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
POMPANO BEACH FL POMPANO BEACH FL

Zip Country Zip Country  
33069 BROWARD 33061 BROWARD

4. FEI Number Applied For  
65-0800852 ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
ROBERT FINN  
4045 SW 15TH STREET STE G-109  
POMPANO BEACH FL 33069

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 Robert Finn DATE 4.13.00  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: Robert Finn Date 4/13/00 Daytime Phone # 954 941-4538  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

**Finn Financial, Inc.**  
**P.O. Box 10432**  
**Pompano Beach, FL 33061**  
**954-941-4538**

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April 7, 2000  
Florida Department of State  
Attn: Profit Corporation Annual Report Dept.  
PO Box 6327  
Tallahassee, FL 32314

Re: 1999 Annual Corporate Profit

Dear Sirs:

Per my conversation this morning with Michelle Milligan I am submitting this letter to request a one time waiver on the penalties for a late filing of the above report.

As I explained to Ms. Milligan, when I moved August 20, 1998, I notified that State of my change of address as I am obligated to on my Mortgage Broker and Mortgage Brokerage Business licenses, but I was unaware that I had to notify your department as well. Consequently, when 1999 Annual Report packets were sent out my was never received, but rather your office shows that this packet was returned to you. This is true for the 60 day notice as well.

I have enclosed the filing fee for both 1999 and 2000 along with my application for 2000. It would be greatly appreciated if you were to grant this one time waiver and reinstate my corporation. I can assure you that this will never happen again!

For your records my permanent mailing address should be changed to the post office box shown above. This too will eliminate this ever happening again should I move in the future. Thank you in advance for your consideration and understanding.

Sincerely,

  
Robert Finn

