

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90034 046 ***158.00

DOCUMENT # P97000108296

1. Entity Name
FOLION FINANCE & INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3147 MARY STREET	3. Mailing Address P.O. BOX 331326
Suite, Apt. #, etc.	Suite, Apt. #, etc.

80058655

DO NOT WRITE IN THIS SPACE

City & State MIAMI	City & State MIAMI, FL 33233
Zip 33133	Zip 33233
Country FLORIDA	Country FLORIDA

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name AXEL M.H. ULLRICH	
Street Address (P.O. Box Number is Not Acceptable) 3147 MARY STREET	
City MIAMI	Zip Code FL 33133

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 <i>Axel M.H. Ullrich</i>	DATE 3/27/2002
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when re-registering)</small>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR AXEL M.H. ULLRICH 3147 MARY ST., MIAMI, FL. 33133	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)(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 on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Axel M.H. Ullrich</i> (AXEL M.H. ULLRICH) 3/27/2002	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

CR2E034B (12/01)