

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90069 042 ***150.00

DOCUMENT # P98000004497

1. Entity Name

COBRA FINANCIAL, INC.

Principal Place of Business

508 N. DIXIE HWY
 STE 5
 LANTANA FL 33462
 US

Mailing Address

508 N. DIXIE HWY
 STE 5
 LANTANA FL 33462
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

430 S DIXIE HWY

Suite, Apt. #, etc.

430 S DIXIE HWY

City & State

LANTANA FL

City & State

LANTANA FL

Zip

33462

Country

US

Zip

33462

Country

US

4. FEI Number

65-0805095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GLAZER, NAUM
 508 N. DIXIE HWY
 STE 5
 LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

NAUM GLAZER

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

430 S DIXIE HWY

City

LANTANA

FL

Zip Code

33462

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] NAUM GLAZER

04/27/01

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, 2001 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 ☐ Delete
 NAME D
 STREET ADDRESS GLAZER, NAUM
 CITY-ST-ZIP 4590 CARAMBLOA CIRCLE S.
 COCONUT CREEK FL 33666

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MONTOZZI, MARK
 CITY-ST-ZIP 508 N. DIXIE HWY STE 5
 LANTANA FL 33462

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS MONTOZZI, MARK
 CITY-ST-ZIP 430 S DIXIE HWY
 LANTANA FL 33462

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAUM GLAZER

04/27/01

Date

Daytime Phone #

561 582 2877

CR2E034 (10/00)