

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90049 011 \*\*\*150.00

**DOCUMENT # P98000012467**

1. Entity Name  
**VFINANCE HOLDINGS, INC.**

Principal Place of Business C/O WLMC REGISTERED AGENTS, INC. 701 BRICKELL AVENUE SUITE 2000 MIAMI FL 33131	Mailing Address C/O WLMC REGISTERED AGENTS, INC. 701 BRICKELL AVENUE SUITE 2000 MIAMI FL 33131-2834
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*Hixson, Marin, Powell et al*  
 Suite, Apt. #, etc.  
**3300 PGA Blvd., #810**

3. Mailing Address  
*Hixson, Marin, Powell et al*  
 Suite, Apt. #, etc.  
**3300 PGA Blvd., #810**

City & State <i>Palm Beach Gardens FL</i>	City & State <i>Palm Beach Gardens FL</i>	4. FEI Number <b>65-0813993</b>	Applied For <input type="checkbox"/>
Zip <b>33410</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HIXSON, MARIN, POWELL &amp; DE SANCTIS, PA 3300 PGA BLVD STE 810 PALM BEACH GARDENS FL 33410</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOKOLOW, LEONARD J</b> <b>701 BRICKELL AVENUE, SUITE 2000</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAHONEY, TIMOTHY</b> <b>68 CAYMAN PLACE</b> <b>PALM BEACH GARDENS FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: *[Signature]* 11/12/00 305.374.0280  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)