## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOGUMENT # P98000047092 Jan 28, 2000 8:00 am Secretary of State GE FINANCIAL CORP. 01-28-2000 90077 040 \*\*\*150.00 Principal Place of Business Mailing Address 123 N.W. 13TH ST. 123 N.W. 13TH ST. 304-6 304-6 BOCA RATON FL 33432-1641 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0838297 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ≃Name RADIKAY, RUSS Street Address (P.O. Box Number is Not Acceptable) 123 N.W. 13TH ST. 304-6 **BOCA RATON FL 33432** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, Change ☐ Addition ☐ Delete TITLE TITLE RADKAY, RUSS NAME NAME STREET ADDRESS 123 NW 13TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** Addition Change TITLE ... Delete TITLE RADKAY, JUNE NAME NAME STREET ADDRESS 123 NW 13TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition Delete. TITLE Lili E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS 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. an address, with all other

ON DIRECTOR

Daytime Phone #