2000 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2000 8:00 am Secretary of State DOCUMENT # P98000057269 1. Entity Name SOVEREIGN FINANCIAL INFORMATION SERVICES, INC. 09-12-2000 90015 013 ***550.00 Principal Place of Business Mailing Address 2701 SOUTH BAYSHORE DRIVE 2701 SOUTH BAYSHORE DRIVE SUITE 403 SUITE 403 MUDIOUS COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5th FLOOR 5th FLOOR City & State City & State 4. FEI Number Applied For 65-0845587 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----7. Name and Address of New Registered Agent Name SCHWEDEL, DAVID Street Address (P.O. Box Number is Not Acceptable) 2701 SOUTH BAYSHORE DRIVE SUITE 403 **COCONUT GROVE FL 33133** Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete ☐ Addition TITLE TITLE SCHWEDEL, DAVID NAME NAME HARRIS JR. ROBERT ONE SANSOME ST. CITICORP CENTER STREET ADDRESS 2701 SOUTH BAYSHORE DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **COCONUT GROVE FL 33133** SAN FRANCISCO, CA 94104 Change TITLE ☐ Delete TITLE GALLAGHER, DAN NAME NAME STREET ADDRESS STREET ADDRESS 2701 SOUTH BAYSHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE FL 33133 TITLE------____ Delete 1 _TITLE_ _ Change Addition TROMBINO, ROGER A NAME NAME STREET ADDRESS STREET ADDRESS 2701 SOUTH BAYSHORE DRIVE C(TY-ST-ZIP CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Addition TITLE ☐ Delete TITLE Change GLAZER, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 2701 SOUTH BAYSHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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.

SIGNATURE:

SIGNATURE ACTURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

9/1/0

(305) 275-2003

CR2E034 (5/00)

FILED

Daytime Phone #