2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # **P98000060136** May 01, 2000 8:00 am Secretary of State ASSOCIATED FINANCIAL, INC. 05-01-2000 90467 037 ***150.00 Principal Place of Business Mailing Address 5557 W. OAKLAND PARK BLVD 5557 W. OAKLAND PARK BLVD. # 251 #251 LAUDERHILLS FL 33313-1411 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address 5557 W. Oakland Porta Blvd. 5557 W. Oakland Park Blvd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 28 l City & State City & State 4. FEI Number 65-0887335 avderhill Not Applicable auderhill \$8.75 Additional 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Tadelis VRI, TADELIS Street Address (P.O. Box Number is Not Acceptable) 5557 W. Oakland Park Blud. 5557 W. OAKLAND PARK BLVD. # 251 #281 LAUDERHILL FL 33319 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 4/26/00 SIGNATURE agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. **PVST** Change : TITLE ☐ Delete TITLE PVST VRI. TADELIS NAME Uri Tadelis 5557, W. Oakland Paric Bird. #281 5557 W. OAKLAND PARK BLVD.# 251 STREET ADDRESS STREET ADDRESS Lauderhill FL 33313 CITY-ST-ZIP CITY-ST-ZIF N. BAY VILLAGE FL 33141 ☐ Delete TITLE Ur: Tadelis NAME VRI, TADELIS NAME 5557 W. Oakland Parte Blvd. #281 5557 W. OAKLAND PARK BLVD. #251 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Laudorhiu, FL 33313 CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete ☐ Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR