

2001 UNIFORM BUSINESS REPORT (UBR) AMENDMENT - \$61.25

DOCUMENT # P 98000060136

1. Entity Name

ASSOCIATED FINANCIAL, INC.

Principal Place of Business

Mailing Address

6608 SW 33 STREET
MIRAMAR
FL 33023

6608 SW 33 STREET
MIRAMAR
FL 33023

2. Principal Place of Business

3. Mailing Address

6608 SW 33 STREET
Suite, Apt. #, etc.

6608 SW 33 STREET
Suite, Apt. #, etc.

City & State

City & State

MIRAMAR, FLA

MIRAMAR, FLA

Zip
33023

Country
BROWARD

Zip

33023

Country
BROWARD

4. FEI Number

65-0887335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINCENT P. KAUFMANN
7904 WEST DRIVE, #102
NORTH BAY VILLAGE
FL 33141

Name COLIN ESAW

Street Address (P.O. Box Number is Not Acceptable)
6608 SW 33 STREET

City MIRAMAR

FL

Zip Code 33023

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 C. Esaw (P/V/S/T) COLIN ESAW

10-05-01

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 NUMBER: 10-05-01
FEE: \$61.25
DATE: MAY 1, 2001
FEE WILL BE CHARGED
IF 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 P/V/S/T: ☒ Delete
NAME VINCENT P. KAUFMANN
STREET ADDRESS 7904 WEST DR #102, N. BAY VILLAGE
CITY-ST-ZIP FL 33141

TITLE P/S/V/T: ☒ Change ☐ Addition
NAME COLIN ESAW
STREET ADDRESS 6608 SW 33 ST
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200004649942--0
STREET ADDRESS -10/23/01--01049--003
CITY-ST-ZIP *****61.25 *****61.25

TITLE DIRECTOR: ☒ Delete
NAME VINCENT P. KAUFMANN
STREET ADDRESS 7904 WEST DRIVE, #102
CITY-ST-ZIP

TITLE DIRECTOR: ☒ Change ☐ Addition
NAME COLIN ESAW
STREET ADDRESS 6608 SW 33 ST
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME MIRAMAR,
STREET ADDRESS FL 33023
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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)(f), 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: C. Esaw (COLIN ESAW) OCTOBER 5, 2001.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (11/00)