2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P99000007992 1. Entity Name THE FINANCIAL EDGE, INC. 04-18-2000 90206 020 ***150.00 Principal Place of Business Mailing Address 751 PARK OF COMMERCE DRIVE 751 PARK OF COMMERCE DRIVE SHITE 108 SUITE 108 **BOCA RATON FL 33487** BOCA RATON FL 33487-3622 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEl Number Not Applicable Zip 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 1 e 155 M A KATARI, KIMBERLY L ESQUIRE LEVINE KATARI, P.A. 370 W. CAMINO GARDENS BLVD., SUITE 210 **BOCA RATON FL 33432** 8. The above named entity sub mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. TITLE ☐ Delete TITLE NAME WEISSMAN, MICHAEL NAME 751 PARK OF COMMERCE DRIVE, SUITE 108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL 33487** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Raton 7133487 u∐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 CITY-ST-ZIP

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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 applications of their like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5.61-988****

Date 5.61-988****

Date 5.61-988****

The provided Household Statutes of Statu