FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90883 010 ***150.00

DOCUMENT # P99000094564

1. Entity Name
MAYIM FINANCIAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2213 FLORIDA BLVD
Suite, Apt. #, etc.
NEPTUNE BEACH FL
Zip 32266 Country

3. Mailing Address
2213 FLORIDA BLVD
Suite, Apt. #, etc.
City & State NEPTUNE BEACH FL
Zip 32266 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59 355 4038 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name HUTCHINS, ROBERT J.
Street Address (P.O. Box Number is Not Acceptable) 222 WEST COMSTOCK AVE STE 111
City WINTER PARK FL Zip Code 32789

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 name changed) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEST ROBERT A 2213 FLORIDA BLVD NEPTUNE BEACH FL 32266
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/01)