

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020086

1. Entity Name

THE FINANCEABLE INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90146 026 ***150.00

Principal Place of Business

1901 SW 84 AVE
MIAMI FL 33155

Mailing Address

1901 SW 84 AVE
MIAMI FL 33155-1119

2. Principal Place of Business

4805 SW 64 PL.

Suite, Apt. #, etc.

3. Mailing Address

4805 SW 64 PL.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL 33155

City & State

MIAMI FL

4. FEI Number

65-0900610

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIRFIN, RICHARD
1901 SW 84 AVE
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

RICHARD SHIRFIN

Street Address (P.O. Box Number is Not Acceptable)

4805 SW 64 PL.

City

MIAMI

FL

Zip Code

33155

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 *X*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-4-00

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PSD ☐ Delete
NAME SHIRFIN, RICHARD
STREET ADDRESS 1901 SW 84 AVE
CITY-ST-ZIP MIAMI FL 33155

TITLE VD ☐ Delete
NAME SANCHEZ-SHIFRIN, BIBIANA
STREET ADDRESS 1901 SW 84 AVE
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 4805 S.W. 64 PL. ☒ Change ☐ Addition
NAME
STREET ADDRESS MIAMI FL 33155
CITY-ST-ZIP

TITLE 4805 S.W. 64 PL. ☒ Change ☐ Addition
NAME
STREET ADDRESS MIAMI FL 33155
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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)(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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-00

Date

305-790-2903

Daytime Phone #