2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P99000024778** Aug 03, 2000 8:00 am Secretary of State FINARM, INC. 08-03-2000 90038 017 ***150.00 Principal Place of Business Mailing Address 11454 SW 10TH COURT 11454 SW 10TH COURT FT. LAUDERDALE FL 33325 FT. LAUDERDALE FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Country \$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 Name MENA, MARIA V Street Address (P.O. Box Number is Not Acceptable) 11454 SW 10TH COURT FT. LAUDERDALE FL 33325 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete NAME NAME MENA, MARIA V STREET ADDRESS STREET ADDRESS 11454 SW 10TH COURT CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33325 ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

July 24, 2000

Florida Department Of State Division Of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Ref: Finarm, Inc. P 99000024778

Dear Sirs:

Attached please find the Corporation Annual Renewal Report for the year 2000 together witn check # 338 for the amount of \$ 150.00 for the filing fee.

I am sorry to send you a late report, but I just received the report, I did not receive the first report to be filed on April. I am asking you to accept the \$ 150.00 and waive the penanty for being late, I have not changed my address but for some reason or another I never received the original renewal report.

Sincerely Yours,

Maria V Mena President