

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041685

1. Entity Name

NEOS FINANCIAL CORPORATION

Principal Place of Business

468 ARTHUR GODFREY ROAD
(41 ST)
MIAMI BEACH FL 33140

Mailing Address

468 ARTHUR GODFREY ROAD
(41 ST)
MIAMI BEACH FL 33140-3504

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

05-18-2000 90379 042 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0917309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINARES, OSCAR
5601 COLLINS AVE.
APT 614
MIAMI BEACH FL 33140

Name

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

City

FL

Zip Code

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 reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LINARES, OSCAR
STREET ADDRESS 5601 COLLINS AVE. APT 614
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

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

TITLE VD
NAME IRALA, NESTOR
STREET ADDRESS 5101 COLLINS AVE. APT 4 E
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR LINARES P

5/1/2000

Daytime Phone #

305 534 2470

CR2E034 (9/99)