

2002 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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

Name *LINARES, OSCAR*

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

5601 COLLINS AV. APT 616

City *Miami Beach* FL *33140*

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, 2002 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete	TITLE	P.D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINARES, OSCAR		NAME	LINARES, OSCAR	
STREET ADDRESS	5601 COLLINS AVE. APT 614		STREET ADDRESS	5601 COLLINS AVE. APT 616	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRALA, NESTOR		NAME		
STREET ADDRESS	5101 COLLINS AVE. APT 4 E		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, RAUL		NAME		
STREET ADDRESS	AV. COLON. BARRIO ALTO ALBERCI		STREET ADDRESS		
CITY-ST-ZIP	CORCOBA 5003 ARGENTINA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 addressee, with all other like empowered.

SIGNATURE: *SCOTT M. WILSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2002 (305) 534-2470

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)