2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Sep 14, 2000 8:00 am
Secretary of State
08-24-2000 90029 003 ***550.00

DOCUMENT # P99000046454

1. Entity Name
FINANCIAL CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
3390 NE 190 STREET AVENTURA FL 33180	3390 NE 190 STREET AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18753 Biscayne Blvd Suite, Apt. #, etc.	18753 Biscayne Blvd Suite, Apt. #, etc.
City & State: Aventura, Florida	City & State: Aventura, Florida
Zip: 33180 Country:	Zip: 33180 Country:

4. FEI Number: 65-09 49301 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGELMAN, PHILIP
3390 NE 190 STREET
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name: Michael Colodny
Street Address (P.O. Box Number is Not Acceptable): 2000 W. Commercial Blvd. Suite 232
City: Ft. Lauderdale FL Zip Code: 33309

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPIEGELMAN, PHILIP 3390 NE 190 STREET AVENTURA FL 33180	☐ Delete	President Philip J. Spiegelman 18753 Biscayne Blvd Aventura, Florida 33180	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Vice President Craig S. Studnicky 18753 Biscayne Blvd Aventura, Florida 33180	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 — Date — Daytime Phone #

CR - rev. 11/00