

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059181

1. Entity Name

FINANCIAL EXPERTS, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90057 021 ***150.00

Principal Place of Business

20441 NORTH EAST 30TH AVENUE
SUITE 204-9
AVENTURA FL 33180

Mailing Address

20441 NORTH EAST 30TH AVENUE
SUITE 204-9
AVENTURA FL 33180-1548

2. Principal Place of Business

17084 WEST Dixie Hwy.
Suite, Apt. #, etc.

3. Mailing Address

17084 WEST Dixie Hwy.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH-FLORIDA

City & State

NORTH MIAMI BCH - FLORIDA

4. FEI Number

65-0937268

Applied For

Not Applicable

Zip

Country

33160

U.S.A

Zip

Country

33160

U.S.A

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, ALFONSO F
20441 NORTH EAST 30TH AVENUE
SUITE 204-9
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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

02-14-00

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: PRESIDENT
NAME: ALFONSO F. RUIZ
STREET ADDRESS: 20441 NE 30 AVE #204-9
CITY-ST-ZIP: AVENTURA FL 33180

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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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

ALFONSO RUIZ 02-14-00 305-949-7004

Date

Daytime Phone #

CR2E034 (9/99)