04/28/2001 02:22 FAX

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 90005 033 ***150.00

DOCUMENT # P99000059181

1. Entity Name

FINANCIAL EXPERTS, INC.

Principal Place of Business	Mailing Address
17071 NE 20 AVE N.M.B., FL 33162	17071 NE 20 AVE N.M.B., FL 33162

A0063368

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17071 NE 20 AVE	17071 NE 20 AVE
Suite, Apt #, etc	Suite, Apt. #, etc
City & State: N.M.B., FL	City & State: N.M.B., FL
Zip: 33162 / Country: DADE	Zip: 33162 / Country: DADE

4. FEI Number: 65-0937268 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALFONSO RUIZ
17071 NE 20 AVE
N.M.B., FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (PO 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 (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, 2001 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: DIRECTOR NAME: ALFONSO RUIZ STREET ADDRESS: 17071 NE 20 AVE CITY-ST-ZIP: N.M.B., FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (11/00)

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: ALFONSO Ruiz 05/13/01 (305) 949-7004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #