FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGN

Feb 06, 2001 8:00 am Secretary of State DOCUMENT # **P99000062962** FINANCIAL ADVISOR.COM. INC. 02-06-2001 90336 016 ***150.00 Principal Place of Business Mailing Address %GRAND BAY PLAZA %GRAND BAY PLAZA 2665 S BAYSHORE DRIVE SUITE 202 2665 S BAYSHORE DRIVE SUITE 202 MIAMI FL 33133 MIAM! FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0935899 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENSWEIG, PHIL E Street Address (P.O. Box Number is Not Acceptable) %GRAND BAY PLAZA 2665 S BAYSHORE DRIVE SUITE 202 **MIAMI FL 33133** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MD TITLE ☐ Delete T!TLE Change Addition NAME ROSENSWEIG, PHIL E NAME STREET ADDRESS 2665 S. BAYSHORE DR. -STE 203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE FL 33133 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 applied and the respective 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 ith all oth