2000 UNIFORM BUSINESS REPORT (UBR) Apr 29, 2000 8:00 am Secretary of State DOCUMENT # P99000064249 WALL STREET FINANCIAL PARTNERS INC. 04-29-2000 90008 038 ***150.00 Principal Place of Business Mailing Address 2499 GLADES RD 2499-GLADES RD SUITE 206 SUITE 206 BOCA RATON FE 33431-7201 BOCA RATON FL 93431 3. Mailing Address 2. Principal Place of Business 1761 W Hillshora Hillsbore Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc <u>Suite 32</u> Applied For City & State City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONDE, RAFAEL J 1761 W. Hillsboro Blud 2499 GLADES RD SUITE 206-BOCA-RATON EL Deerfield Boh FL 33442 purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE TITLE CONDE, RAFAEL J NAME NAME STREET ADDRESS 2499 GLADES RD SUITE 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Change ☐ Delete TITLE TITLE DEMBIN, BEN D NAME NAME STREET ADDRESS 1400 NW 108TH AVE #278 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33322** ☐ Change Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

ME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: