

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90023 013 ***158.75

DOCUMENT # P99000070050

1. Entity Name
ETI WARRANTY FINANCE CORPORATION

Principal Place of Business
2393 S. CONGRESS AVE.
WEST PALM BEACH FL 33406

Mailing Address
2393 S. CONGRESS AVE.
WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

P.O. Box 5417

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Worth, FL

Zip

Country

Zip

Country

33466-5417

USA

4. FEI Number 65-0953417

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINKELSTEIN, MYRON H
2393 S CONGRESS AVE
WEST PALM BEACH FL 33406

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

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, 2002 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 D
NAME FINKELSTEIN, MYRON H
STREET ADDRESS 2393 S. CONGRESS AVE.
CITY-ST-ZIP WEST PALM BEACH FL 33406

☐ Delete

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MURSTEIN, PAUL C
STREET ADDRESS 2393 S. CONGRESS AVE.
CITY-ST-ZIP WEST PALM BEACH FL 33406

☐ Delete

TITLE SD
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SEAMAN, CARL
STREET ADDRESS 2393 S. CONGRESS AVE.
CITY-ST-ZIP WEST PALM BEACH FL 33406

☐ Delete

TITLE CD
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE VP
NAME Joseph Prendaman
STREET ADDRESS 2393 S. Congress Ave
CITY-ST-ZIP West Palm Beach, FL 33406

☐ 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 REQUIRED

1/8/2002 (511) 568-9102

Date

Daytime Phone #

CR2E034 (9/01)