

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074222

1. Entity Name

FINANCIAL ALLIANCES GROUP, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90091 047 \*\*\*150.00

Principal Place of Business

3275 W. HILLSBORO BLVD.  
 DEERFIELD BEACH FL 33442

Mailing Address

3275 W. HILLSBORO BLVD.  
 DEERFIELD BEACH FL 33442-9536

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0944010

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

SCHWARTZ, HOWARD L  
 3275 W. HILLSBORO BLVD.  
 DEERFIELD BEACH FL 33442

Name

Street Address (P.O. Box Number is Not Acceptable)

1801 S. Federal Hwy.  
 Suite 245B

Delray Beach

FL

Zip Code  
 33483

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

4/27/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLEARY, RICHARD T</b> <b>3275 W. HILLSBORO BLVD.</b> <b>DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Cheryl F. Cleary</b> <b>3275 W. Hillsboro Blvd.</b> <b>Deerfield Beach, FL 33442</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Jack H. Kendall</b> <b>801 NW 34th Street</b> <b>Oakland Park, FL 33309</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Bruce Steiger</b> <b>3275 W. Hillsboro Blvd.</b> <b>Deerfield Beach, FL 33442</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

954-422-9774

Daytime Phone #

CR2E034 (9/99)