

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90119 041 ***150.00

DOCUMENT # P99000084628

1. Entity Name

WHITE FINANCIAL HOLDINGS, INC.

Principal Place of Business

³⁵⁰
~~200~~ E. LAS OLAS BLVD.
 SUITE ~~1900~~ ¹⁷⁰⁰
 FT. LAUDERDALE FL 33301

Mailing Address

³⁵⁰ ~~200~~ E. LAS OLAS BLVD.
 SUITE ~~1900~~ ¹⁷⁰⁰
 FT. LAUDERDALE FL 33301-2248

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

65-0998410

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

³⁵⁰ BEILLY, ROXANNE K
~~200~~ E. LAS OLAS BLVD.
 SUITE ~~1900~~ ¹⁷⁰⁰
 FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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, 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

| | |
|-----------------|---|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BEILLY, ROXANNE K |
| STREET ADDRESS | 200 E. LAS OLAS BLVD. SUITE 1900 |
| CITY - ST - ZIP | FT. LAUDERDALE FL 33301 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | PEARLMAN, CHARLES B |
| STREET ADDRESS | 200 E. LAS OLAS BLVD. SUITE 1900 |
| CITY - ST - ZIP | FT. LAUDERDALE FL 33301 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|-----------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 350 E. LAS OLAS BLVD | |
| STREET ADDRESS | Suite 1700 | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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: Roxanne K Beilly **REQUIRED 4/13/00**

Date

Daytime Phone #

954-763-1200

CR2E034 (9/99)