2001 UNIFORM BUSINESS REPORT (UBR)

May 21, 2001 8:00 am Secretary of State DOCUMENT # P99000084628 1. Entity Name 05-21-2001 90408 040 ***150.00 WHITE FINANCIAL HOLDINGS, INC. Principal Place of Business Mailing Address 350 E. Las Olas Boulevard 350 E. Las Olas Boulevard C0068861 Suite 1700 **Suite 1700** Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0998410 Not Applicable Zip Country \$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 Beilly, Roxanne K. Street Address (P.O. Box Number is Not Acceptable) 350 E. Las Olas Boulevard Suite 1700 Fort Lauderdale, FL 33301 Zip Code FL 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition □ Delete TITLE D NAME NAME Beilly, Roxanne K. STREET ADDRESS STREET ADDRESS 350 E. Las Olas Blvd. #1700 CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33301 ☐ Change ☐ Addition TITLE NAME NAME Pearlman, Charles B. STREET ADDRESS STREET ADDRESS 350 E. Las Olas Blvd. #1700 CITY-ST-ZIP Ft. Lauderdale, FL 33301 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all officer like empowered.

SIGNATURE: