2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000085614 Jan 19, 2000 8:00 am Secretary of State CNT FINANCIAL GROUP, INC. 01-19-2000 90215 042 ***150.00 Principal Place of Business Mailing Address 2550 NORTH 38TH AVE. 2550 NORTH 38TH AVE. HOLLYWOOD FL 33021-3004 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address 2455 HOLLYWOOD <u>, ywood</u> Bcub 2 *453* DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Suite SUITE Applied For City & State City & State 65-0967276 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 30 BL 5/1. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASMAS, DANIEL K Street Address (P.O. Box Number is Not Acceptable) 2550 NORTH 38TH AVE. HOLLYWOOD FL 33021 Zip Code 8. The above name tentity submit withis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE of registered agent and title if applicabile 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME CASMAS, DANIEL K STREET ADDRESS STREET ADDRESS 2550 NORTH 38TH AVE. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition ☐ Change TITLE Delete TIT! F NAME TUGULTSCHINOW, DORSCHA STREET ADDRESS 12748 S.W. 17TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP-MIAMI: FL 33175 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 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 accordate 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 coeffer or trustee empowered to recute 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 DANIEL K. CASMAS 954-453-1197 SIGNATURE: \