2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000110662 **DOCUMENT #** 1. Entity Name ORACLE FINANCIAL, INC.



Jan 31, 2003 8:00 am Secretary of State
01-31-2003 90134 016 ***150.00 **FILED**

GOO WE THE	
ļ	
ĺ	E PROCENIO DE PROCENCIO CRESE ORDE ARTEL ARTEL AREA REGIO ARTEL ACTUA ARTER ACTUA

Superant	
Superant	
Fee Require 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name N	pplied For ot Applicable
DIAZ, ROSEMARIE 7712 RED RIVER ROAD WEST PALM BEACH FL 33411 8. The above named entity submits this statement for the purpose of changing its registered offide or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 (After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PLAZ POSTATOR Street Address (P.O. Box Number is Not Acceptable) Apt 105 Street Address (P.O. Box Number is Not Acceptable) Apt 105 Apt 105	
DIAZ, ROSEMARIE 7712 RED RIVER ROAD WEST PALM BEACH FL 33411 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. I am familiar with, the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Change	
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. I am familiar with, the obligations of registered agent. SIGNATURE SIGNATURE FILÉ NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS IIILE Delete TILE Delete TILE Change Change	-
Added Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE PART POSTABLE 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PART POSTABLE Change	All and accept
TITLE P DOCTABLE TITLE Change	0 May Be I to Fees
STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	Addition
TITLE Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CTITY-ST-ZIP CTITY-ST-ZIP	Addition
TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY	☐ Addition
TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY	Addition
TITLE Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CITY-ST-ZIP TITLE CHANGE CHANGE CHANGE CITY-ST-ZIP	Addition
TITLE Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE	☐ Addition

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 of frestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: