

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # S70770**1. Entity Name
MORTUARY FINANCIAL NETWORK, INC.

Principal Place of Business

1550 NE MIAMI GARDENS DR.
407
MIAMI
331794836 US

Mailing Address

1550 NE MIAMI GARDENS DR.
407
MIAMI
331794836 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0280954

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

DAVIS, RONALD L PA
1550 NE MIAMI GARDENS DR
SUITE 408
NO MIAMI BEACH
33179 FL

7. Name and Address of New Registered Agent

Name

DAVIS, RONALD L PA

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

1550 NE MIAMI GARDENS DR

SUITE 407

City

NO MIAMI BEACH

FL

Zip Code
33179

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 **RONALD L. DAVIS****03/09/2001**

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, 2001 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	V	☐ Delete
NAME	WENTNICK ALAN	
STREET ADDRESS	1550 N.E. MIAMI GARDENS DR., #407	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	S	☐ Delete
NAME	DAVIS RONALD L.	
STREET ADDRESS	1550 NE MIAMI GARDENS DR.	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	PD	☐ Delete
NAME	WENTNICK, SHARON	
STREET ADDRESS	1550 NE MIAMI GDNS DR	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	☒ Change ☐ Addition
NAME	DAVIS RONALD L	
STREET ADDRESS	1550 NE MIAMI GARDENS DR.#407	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	PD	☒ Change ☐ Addition
NAME	WENTNICK SHARON	
STREET ADDRESS	1550 NE MIAMI GDNS DR, #407	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: **ALAN WENTNICK**

V

03/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)