2002 UNIFORM BUSINESS REPORT (UBR)

S91130 DOCUMENT # 1. Entity Name GMO FINANCIAL, INC.

FILED Jan 16, 2002 8:00 am Secretary of State 01-16-2002 90053 012 ***150.00

Principal Plac 9700 S DIXUE SUITE 900 MIAM FL 3315	HIGHWAY	9700 S 00 SUITE 988	iling Address 10 S DIXIE HIGHWAY ITE 988 MII FL 83156											
2. Principal Place of Business 13 Place 10830 SW 13 Suite, Apt. #, etc. 3. Mailing Address SW 113 Suite, Apt. #, etc.						îce.	DO NOT WRITE IN THIS SPACE							
City & State City & State							4. FEI Number 65-0293773				Applied For]
<u> 1116</u>	710 Founty A	<u> バハド</u> ゴロ	3M1,1	goun	- 3 A		5. Certific		atus Desired		\$8.75 Fee Re	Add		1
<u>الل</u>	6. Name and Address of Current Ro	egistered Ag	gent	<u>να</u>	<i></i>		7. Name	and Addi	ess of New	Registere		quilec		-
	RG, JEFFREY M. XIE FIIGHWAY			-	Street Address of City	30	ABE O. Box Nu SW	mber is N	JEFFY Hot Accepta	F	Zip	Ççde	1-210	
*					10	<u> 1100</u>	ΩL				<u> </u>	3	176	4
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 (special partial name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)														
Tax filling r (See criter	ation is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	Make	FILE NOW!!! ter May 1, 2002 Check Payable	Fee to De	will be \$5	50.00		Trust Fu	Campaign ind Contribu	tion.	À	dded	May Be to Fees	
11.	OFFICERS AND D	IRECTORS	☐ Delete	12.	-		ADDITIO	NS/CHAI	NGES TO O	FFICERS AN	T- 2	TORS	IN 11	-
NAME STREET ADDRESS CITY-ST-ZIP	GREENBERG, JEFFREY M. 9700 S DIXIE HIGHWAY, STE. 900 MIAMI FL 33156		□ Delete	NAMI STRE		108	30, Sm.	sw FL	113 331	76		inge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					•			☐ Cha	inge	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE	:						☐ Cha	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	-							☐ Cha	ange	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Cha	inge	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	E et address -st-zip						☐ Cha		☐ Addition	
 13. I hereby of indicated 	certify that the information supplied with the longitude of the control of supplemental report is to the control of the contro	nis filing doe: rue and accu	s not qualify for th urate and that my	e exer signat	mption stat ture shall h	ed in Sec ave the sa	tion 119.07 ame legal e	(3)(i), Flo ffect as if	rida Statute: made unde	s. I further c er oath; that	ertify that I am an of	the in fficer	formation 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #