

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

0126511 AV

DOCUMENT # V33646

1. Entity Name
WILSHIRE FINANCIAL GROUP, INC.

01-23-2002 90086 024 ***150.00

Principal Place of Business

**2801 OCEAN DR #204
 VERO BEACH FL 32963
 US**

Mailing Address

**2801 OCEAN DR #204
 VERO BEACH FL 32963
 US**



2. Principal Place of Business

3. Mailing Address

2911 OCEAN DRIVE

2911 OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number

59-3125491

Applied For

Not Applicable

Zip

32963

Country

USA

Zip

32963

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, MICHAEL T
 2801 OCEAN DR #204
 STE 204
 VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name **WILLIAMS, MICHAEL T.**
 Street Address (P.O. Box Number is Not Acceptable)
2911 OCEAN DRIVE
 City **VERO BEACH** **FL** Zip Code **32963**

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, 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, 2002 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

TITLE **P** ☐ Delete
 NAME **WILLIAMS, MICHAEL**
 STREET ADDRESS **2801 OCEAN DR -STE 204**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **2911 OCEAN DRIVE**
 STREET ADDRESS
 CITY-ST-ZIP **ADDRESS CHANGE ONLY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE REQUIRED WILLIAMS, PRES.

1/10/02

561-231-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)