Me/st **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # Y478/2 1. Entity Name 1. St. Interstate thance Cop. FILED 01 DEC 31 PH 5: 39 Principal Place of Business Mailing Address Funston Str Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 10635/NI 10/100 33076 Pavillana, t City Zip Code 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete Change ☐ Addition TITLE TITLE Sideas 5119el NAME NAME 10000<u>4</u>784651~~7 STREET ADDRESS STREET ADDRESS 01/10/02--01031--001 CITY-ST-7JP CITY-ST-7IP 530Z <u>****150_88</u> ****158_80 Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP --CITY-ST-ZIP -■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7 ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information art 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 hoowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 1) I hereby certify that the information supplied indicated on this report or supplemental ref ort is true and of the corporation or the r eiver or tru

nent with an

changed, or on an attack

SIGNATURE:

with all other like empowered.

954: 9874664

12.4.0

(2/01)

pageron

FIRST INTERSTATE FINANCE CORP. 5881 FUNSTON STREET HOLLYWOOD, FLORIDA 33023

954.987.460

November 30, 2001

Re: Status of License

To Whom It May Concern:

From my recent findings, it was brought to my attention that my current status concerning my license is delinquent. I did not receive any bill or letter concerning my renewal. I have never in the past been delinquent and feel that the bill was lost in transit. I checked with the state to reinstate my license which expired this past September and was told that it would not be a problem to do so if followed by a letter of explanation.

Thank you for your time in this matter. If you have any further questions concerning this matter, please feel free to contact the undersigned at the above telephone number.

Sincerely.

Randy Singer/President