

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90178 043 \*\*\*150.00

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DOCUMENT # **V47812**

1. Entity Name  
**FIRST INTERSTATE FINANCE CORPORATION**



Principal Place of Business  
**5981 FUNSTON STREET  
SUITE A-2  
HOLLYWOOD FL 33023  
US**

Mailing Address  
**5981 FUNSTON STREET  
SUITE A-2  
HOLLYWOOD FL 33023  
US**

2. Principal Place of Business  
**6011 Rodman St  
Suite, Apt. #, etc.  
11D**

3. Mailing Address  
**Same as new  
Principal**

City & State  
**Hollywood**

City & State

4. FEI Number **65-0342882**

Applied For  
Not Applicable

Zip **33023** Country **BDWAG**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINGER, RANDY  
10635 NW 61 COURT  
PARKLAND FL 33076**

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

**6011 Rodman St Suite 11D  
City Hollywood FL Zip Code 33023**

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, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/31/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SINGER, RANDY**  
STREET ADDRESS **5981 FUNSTON STREET, SUITE A-2**  
CITY-ST-ZIP **HOLLYWOOD FL 33023**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/31/03 954 9874664**  
Date Daytime Phone #

CR2E034 (10/02)