

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000003159
 1. Entity Name V Finance Investments, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3010 N. Military Trail</u>		3. Mailing Address <u>Same</u>	
Suite, Apt. #, etc. <u>Suite # 300</u>		Suite, Apt. #, etc.	
City & State <u>Boca Raton, FL</u>		City & State	
Zip <u>33431</u>	Country <u>USA</u>	Zip	Country

80054442

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number <u>65-0834063</u>	Applied For <input type="checkbox"/>
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
<u>VFIN Executive Services, Inc.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>3010 N. Military Trail Suite #300</u>			
City <u>Boca Raton</u>		State <u>FL</u>	Zip Code <u>33431</u>

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] Leonard J. Sokolow 2/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when raising) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS			
TITLE NAME	P & CEO <u>Marc Siegel</u>	TITLE NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	<u>9818 Amber Oaks Lane</u> <u>Boca Raton, FL 32448</u>	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	S & COO <u>Richard Campanella</u>	TITLE NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	<u>3010 N. Military Trail #300</u> <u>Boca Raton, FL 33431</u>	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	D & COB <u>Leonard J. Sokolow</u>	TITLE NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	<u>2458 Provence Court</u> <u>Weston, FL 33327</u>	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		TITLE NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		TITLE NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP		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 on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] Leonard J. Sokolow 2/28/02 561-981-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)