

# 2000 UNIFORM BUSINESS REPORT (UBR)

0227004

DOCUMENT # **G16354**

1. Entity Name  
**NATIONAL FIRST FINANCIAL CORP.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -1 PM 2:22

Principal Place of Business Mailing Address  
CORAL WAY 2300 CORAL WAY  
200 SUITE 200  
FL 33145 MIAMI FL 33145-3511  
US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2390583** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**FLORIDA ANNUAL REPORT SERVICES, INC.**  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**200003236402--6**  
-05/03/00--01026--012  
City **FL** Zip Code **33145**

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, typed or printed name of registered agent and title if applicable. **AMADA CANTERA LOPEZ, PRES.** DATE **5/26/00**  
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD GAVCOVICH, ABRAM 5520 LA GORCE MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VAS KOCHEN, FANNIE D 18151 NE 31ST CT. #1102 NO. MIAMI BCH. FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and all other like empowered.

SIGNATURE: **ABRAM GAVCOVICH, PRES.** Date **5/26/00** Daytime Phone #

CR2E034 (9/99)