

2000 UNIFORM BUSINESS REPORT (UBR)

0001751

DOCUMENT # P94000070754

1. Entity Name

FLORIDA FIRST INVESTMENTS, INC.

FILED

00 APR 24 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2601 SOUTH BAYSHORE DR STE 1600 MIAMI FL 33133 US	2601 SOUTH BAYSHORE DR STE 1600 MIAMI FL 33133-5413 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0567815	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OLLE, DENNIS J
ADORNO AND ZEDER, PA
2601 SOUTH BAYSHORE DR, STE 1600
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

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

City

FL 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 _____ (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, 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
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARPER, CAROL E 5841 S.W. 116TH STREET MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSCC HARPER, ALLEN C 5841 S.W. 116TH STREET MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1390 South Dixie Highway Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1390 South Dixie Highway Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, CFO Murphy, Loretta A. 1390 South Dixie Highway Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003236787 -05/03/00--01062--006 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: Allen C. Harper DATE: 4/24/00 DAYTIME PHONE: (305) 667-0990

CR2E034 (9/99)