

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90057 015 ***150.00

DOCUMENT # P98000055800

1. Entity Name
FAIRWAY FINANCIAL SERVICES, INC.

Principal Place of Business 530 S. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441	Mailing Address 530 S. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441-4140
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 440 S. FEDERAL HIGHWAY Suite, Apt. #, etc. #103	3. Mailing Address 440 S. FEDERAL HIGHWAY Suite, Apt. #, etc. #103
City & State DEERFIELD BEACH, FL	City & State DEERFIELD BEACH, FL
Zip 33441 Country USA	Zip 33441 Country USA

4. FEI Number 65-0844942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PORT, CRAIG
2021 N CONFERENCE DR
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name **PORT, CRAIG**

Street Address (P.O. Box Number is Not Acceptable)
440 S. FEDERAL HIGHWAY #103

City **DEERFIELD BEACH** State **FL** Zip Code **33441**

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 **CRAIG PORT** (NOTE: Registered Agent signature required when reinstating) DATE **4/12/00**

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTINO, JOHN D 1731 SE 15TH ST #312 FORT LAUDERDALE FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S FORTINO, JOHN D. 440 S. FEDERAL Hwy #103 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORT, CRAIG 2021 N CONFERENCE DR BOCA RATON FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/T PORT, CRAIG 440 S. FEDERAL Hwy #103 DEERFIELD BEACH, FL 33441
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	
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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: **CRAIG PORT** (NOTE: Signature and typed or printed name of signing officer or director) DATE **4/12/00** DAYTIME PHONE # **(954) 428 4488**