

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L69314

1. Entity Name

FLORIDA PURCHASING AND CONFIRMING CO., INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90029 043 ***150.00

Principal Place of Business

% JEFFREY A. BERNSTEIN, ESQ.
100 N. BISCAYNE BLVD. #1707
MIAMI FL 33132

Mailing Address

% JEFFREY A. BERNSTEIN, ESQ.
100 N. BISCAYNE BLVD. #1707
MIAMI FL 33132

2. Principal Place of Business

100 N. Biscayne Blvd.

3. Mailing Address

100 N. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 2608

Suite, Apt. #, etc.

Suite 2608

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0198782

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

33132

Country

USA

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

JEFFREY A. BERNSTEIN, ESQ.
100 N. BISCAYNE BLVD. #1707
MIAMI FL 33132

Name

BERNSTEIN, Jeffrey A.

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

100 N. Biscayne Blvd.

Suite 2608

City

Miami

FL

Zip Code
33132

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

(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, 2001 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
DVT
SIMPSON, NORMAN L.
100 N BISCAYNE BLVD.
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARTER, PERCY A.
100 N BISCAYNE BLVD.
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
CARTER, RICHARD
100 N. BISCAYNE BLVD
MIAMI FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, President

Date

Daytime Phone #

CR2E034 (10/00)