DOCUMENT #	P94000048121
1. Entity Name	

1ST COMMERCIAL PLUS CORP.

Principal Place of Business

=8384 TRENT-COLIRI-

:SUITE A

**BOCA RATON FL 33433** 

Mailing Address

-8384 TRENT COURT

-SUITE A

**BOCA RATON FL 33433** 

	ace of Business  SUN Field, DR	3. Mailing Address 23035 SU	NFieL.	D DR					
Suite, Apt. #, etc.  Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	NATON, FL	City & State BOCA RA	TON, F	L.	4. FEI Number 65-0500756			olied For Applicable	
<sup>Zip</sup> 3343	Country 45 A	Zip 33433	Country U.S.A	7.	5. Certificate of Status Desired		.75 Addi Required		
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New R	egistered Age	nt		
SAMBUCO, ANGIE			Name Street	Street Address (P.O. Box Number is Not Acceptable)					
8384-TRENT-GT., SUITE A BOCA RATON FL 33433			<u>~</u> .5	23035 SUNFIELD DR					
Becs									
8. The above	named entity submits this statement for	the purpose of changing its	egistered office o	or registered			m ds		
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	: Registered Agent signa	ature required w	hen reinstating)	3-/-0 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, 2002 Fee will be \$550.00  Make Check Payable to Department of State					1	n.	Added	May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	•	ADDITIONS/CHANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMBUCO, ANGIE 8384 TRENT CT., SUITE A BOCA RATON FL 33433	<b>Æ</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	591 230	nbucu, ANA: 35 SUNFIELI CA MATAN	e S DR	Change	☐ Addition	
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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: