


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90011 034 ***150.00

DOCUMENT # 454595	
1. Entity Name FIRST STATE BANK OF FORT LAUDERDALE	

Principal Place of Business 424 WEST SUNRISE BLVD. FT. LAUDERDALE FL 33311-6211	Mailing Address 424 WEST SUNRISE BLVD. FT. LAUDERDALE FL 33311-6211
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1548423		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		7. Name and Address of New Registered Agent	
BLITZ, MARVIN N 424 W. SUNRISE BLVD. FORT LAUDERDALE FL 33311		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLITZ, MARVIN N	NAME	
STREET ADDRESS	11166 STONYBROOK LANE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAREJA, E ANDRES	NAME	ANDRES GARCIA, E. NOTES
STREET ADDRESS	825 MEDINA AVE	STREET ADDRESS	825 MEDINA AVE
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ERNEST REV	NAME	D JOSEPH A. MILD
STREET ADDRESS	2898 NW 9TH ST	STREET ADDRESS	105E CENTRAL PARKWAY
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	CITY-ST-ZIP	STUART, FL 34994
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLOWITZ, BARRY MD	NAME	D RANDALL LIEBIG
STREET ADDRESS	21110 BISCAYNE BLVD # 304	STREET ADDRESS	6468 E. ROGERS CIRCLE
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITT, DUNCAN	NAME	
STREET ADDRESS	10127 N.W. 70TH STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRELL, STEPHEN	NAME	
STREET ADDRESS	259 NW 90TH AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Marvin N. Blitz* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1/2/03** **654 764 8300**
Date Daytime Phone #

CR2E034 (10/02)