

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 618633

1. Entity Name

FIRST NATIONAL HOLDING CORPORATION

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90022 034 ***150.00

Principal Place of Business

1800 SUNSET HARBOUR DR
APT 2207
MIAMI BEACH FL 33139
US

Mailing Address

1800 SUNSET HARBOUR DR
APT 2207
MIAMI BEACH FL 33139
US

2. Principal Place of Business

1800 NE 114 ST.

3. Mailing Address

1800 NE 114 ST.

Suite, Apt. #, etc.

APT 809

Suite, Apt. #, etc.

APT 809

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33181

Country

USA

Zip

33181

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1206871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, KENNETH W
1800 SUNSET HARBOUR DR APT 2207
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

1800 NE 114 ST., APT 809

City

MIAMI, FL

FL

Zip Code

33181

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

TITLE PD
NAME ROTH, KENNETH W
STREET ADDRESS 1800 SUNSET HARBOUR DR 2207
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE SD
NAME ROTH, CARLA S.
STREET ADDRESS 1800 SUNSET HARBOUR DR 2207
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1800 NE 114 ST., APT 809
CITY-ST-ZIP MIAMI, FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1800 NE 114 ST., APT 809
CITY-ST-ZIP MIAMI, FL 33181

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/5/01

305-892-8402

Date

Daytime Phone #

0168034

CR2E034 (10/00)