

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 850410**

1. Entity Name

FAIC SECURITIES, INC.**FILED****Apr 13, 2000 8:00 am**
Secretary of State

04-13-2000 90025 017 ***150.00

Principal Place of Business

Mailing Address

**340 ROYAL POINCIANA WAY
STE 316
PALM BEACH FL 33480
US****340 ROYAL POINCIANA WAY
STE 316
PALM BEACH FL 33480-4096
US****RUUJ0004**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1145586☐ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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****TABERNILLA, ARMANDO A
340 ROYAL POINCIANA WAY
STE 316
PALM BCH FL 33480**

Name

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

City

FL

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.

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, 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	DP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, OSCAR R	
STREET ADDRESS	340 ROYAL POINCIANA WAY STE 316	
CITY-ST-ZIP	PALM BCH FL 33480	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BLOMQUIST, ERIK J	
STREET ADDRESS	340 ROYAL POINCIANA WAY STE 316	
CITY-ST-ZIP	PALM BCH FL 33480	

TITLE	D/VP/T/AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	(CORRECTION)	
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	TABERNILLA, ARMANDO A	
STREET ADDRESS	340 ROYAL POINCIANA WAY STE 316	
CITY-ST-ZIP	PALM BCH FL 33480	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/12/00

Date

561 655 6303

Daytime Phone #

CR2E034 (9/99)