

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90145 015 ***150.00

DOCUMENT # F30951

1. Entity Name
NATIONAL FINANCIAL PLANNING SERVICES, INC.



Principal Place of Business
**201 ALHAMBRA CIR.
SUITE 510
CORAL GABLES FL 33134
US**

Mailing Address
**201 ALHAMBRA CIR
SUITE 510
CORAL GABLES FL 33134
US**

10041000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2614923**

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

**OLIVER, ROBERT M., III
201 ALHAMBRA CIR
SUITE 510
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PED			
	OLIVER, ROBERT M III			
	201 ALHAMBRA CIR, SUITE 510			
	CORAL GABLES FL			
	ST			
	OLIVER, HEIDE N			
	201 ALHAMBRA CIR, SUITE 510			
	CORAL GABLES FL			
	SVD			
	BLANCO, PLACIDO			
	201 ALHAMBRA CIR, SUITE 510			
	CORAL GABLES FL			
	VD			
	MITCHELL, RUBIN			
	201 ALHAMBRA CIRCLE, SUITE 510			
	CORAL GABLES FL 33134			
	VD			
	SUAREZ, CARLOS			
	201 ALHAMBRA CIRCLE STE 510			
	CORAL GABLES FL 33134			

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ROBERT M OLIVER III** 3/17/03 305 444 6663

CR2E034 (10/02)