

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000016

1. Entity Name

FIRST SOUTHWEST COMPANY

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90414 022 ***150.00

Principal Place of Business

Mailing Address

1700 PACIFIC AVENUE, SUITE 500
DALLAS TX 75201

ATTN: ROBIN G. BOLANDER
1700 PACIFIC AVE., STE 500
DALLAS TX 75201-4627
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-0708002

Applied For

Not Applicable

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

KUTAN, BARRY
ONE BISCAYNE TOWER, STE 1890
2 BISCAYNE BLVD
MIAMI FL 33131-1808

Name

Edward Marquez

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

One Biscayne Tower, Suite 1890

2 South Biscayne Blvd

City

Miami

FL

Zip Code

33131-1808

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 CM ☐ Delete
NAME FEINBERG, HILLEL A III
STREET ADDRESS 1700 PACIFIC AVENUE, SUITE 500
CITY-ST-ZIP DALLAS TX 75201

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

TITLE T ☐ Delete
NAME TIMM, WILLIAM C
STREET ADDRESS 1700 PACIFIC AVE STE 500
CITY-ST-ZIP DALLAS TX 75201

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

TITLE S ☐ Delete
NAME CAMPBELL, DON
STREET ADDRESS 1700 PACIFIC AVE, STE 500
CITY-ST-ZIP DALLAS TX 75201

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

TITLE D ☐ Delete
NAME MARZ, MICHAEL
STREET ADDRESS 1700 PACIFIC AVE 500
CITY-ST-ZIP DALLAS TX

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Date

Daytime Phone #

CR2E034 (9/99)