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

## G09323 **DOCUMENT#**

1. Entity Name

FIRST MARKET INTERNATIONAL INC.

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## FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90961 049 \*\*\*150.00

THOT WA	70 11 XL 1 11 4	TETIANTOTANE, IN					<b>'</b>					
Principal Place of Business ONE PURLIEU PLACE				Mailing Address ONE PURLIEU PLACE			<u> </u>	an a san a san Na san a				
WINTER PARK FL 32792 US		WINTER PARK FL 32792 US										
2. Principal Place of Business			3. Mailing Address				1	! (BB)!!!			#1011 01011 1001	
Suite, Apt.	#, etc.	,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State				4.	4. FEI Number 59-2243198 Applied F				
Zip Country		Country	Zip	Zip Cou		try	5.	Certificate of Status Desired [		8.75 Add	ditional	
	6. Name	and Address of Current	Register	ed Agent	·	1	7.	Name and Address of New Regist				
		يستري حجود في ١٠٠٠ عضية ال				Name	ā va	ها که بغضم دست هید. سیانمی بیش داده . دمیشی	~	The second	<del></del>	
	o, Thomas Lieu placi					Street Address (	(P.O. E	Box Number is Not Acceptable)				
SUITE 210		700										
WINTER PARK FL 32792						City FL Zip				Zip Cod	le	
	named entit tions of regist		or the purp	ose of changing its	registere	ed office or register	red ag	gent, or both, in the State of Florida.	I am fai	miliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	E: Registered	d Agent signature required	d when r	einstating)	DATE			
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	f State					Election Campaign Financir     Trust Fund Contribution.	ıg 🗆		00 May Be d to Fees	
10.	<del>-</del>	OFFICERS AND		I RS	11.		AC	L DDITIONS/CHANGES TO OFFICER	S AND E	DIRECTOR	S IN 11	
TITLE NAME	C REGAN,RO			☐ Delete	TITLE	ŀ				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP						TREET ADDRESS ITY-ST-ZIP						
TITLÉ NAME	PSM ROSSELLO	o, Thomas Jr.		☐ Delete	TITLE				{	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	ONE PURI	lieu Place, suite 21 ARK Fl 32792	0			ET ADDRESS · ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE PURI	), deborah L Lieu Place, ste. 210 Ark Fl 32742	<b>-</b>	Delete	NAME STREE			ಇವರು ಕ್ರಾಹಿಕ ಕ್ರಾಹಿಸಿ ನಿರ್ವಹಿಸುವ ನಿರ್ವಹಿಸುವ ಕ್ರಾಹಿಸುವ ನಿರ್ವಹಿಸುವ ನಿರ್ವಹಿಸುವ ನಿರ್ವಹಿಸುವ ನಿರ್ವಹಿಸುವ ನಿರ್ವಹಿಸುವ ನ	]،	_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete		1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					(	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the on this repor poration or th or on an atta	e information supplied with t or supplemental report is ne receiver or trustee emp nichment with an add	this filing true and owered to with all oth	does not qualify for accurate and that mexecute this report er like empowers	the exer ny signati az require	nption stated in Se ure shall have the s ed by Chapter 607	ection same i	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; t da Statutes; and that my name app	er certify hat I am ears in E	that the ir an officer Block 10 or	nformation or director Block 11 if	

**SIGNATURE:**