

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90028 048 ***150.00

0173140

DOCUMENT # G72402

1. Entity Name

FIRST FINANCIAL CONSOLIDATED INC.

Principal Place of Business

C/O MERI S. FRAMER
 935 ARTHUR GODFREY RD (1A)
 MIAMI BEACH FL 33140
 US

Mailing Address

C/O MERI S. FRAMER
 935 ARTHUR GODFREY RD (1A)
 MIAMI BEACH FL 33140
 US

2. Principal Place of Business

700 NW 108 AVE

3. Mailing Address

700 NW 108 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, Fla

City & State

Plantation, Fla

Zip 33324

Country USA

Zip 33324

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2463758**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISBURD, SCOTT, ESQ.
 200 S.E. 1ST STE 900
 MIAMI FL 33137

7. Name and Address of New Registered Agent

Name Paul Zidel

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

700 NW 108 AVE

Plantation Fla

City

FL

Zip Code 33324

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 Paul Zidel (reg agent)

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

Paul Zidel

(NOTE: Registered Agent signature required when reinstating)

3-16-2001

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	DP	<input type="checkbox"/> Delete
NAME	FRAMER, MERI S	
STREET ADDRESS	700 NW 108 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Jan 15, 2001 954-476-6550
 Date Daytime Phone #

CR2E034 (10/00)