## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H84626 1. Entity Name FIRST FINANCIAL CORPORATION Principal Place of Business C/O UNITED TRUST FUND 701 BRICKELL AVE.. #1300 MIAMI FL 33131 MIAMI FL 33131

## FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90097 034 \*\*\*150.00

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Principal Place of Business C/O UNITED TRUST FUND 701 BRICKELL AVE #1300 MIAMI FL 33131		C/O 701 E	Mailing Address C/O UNITED TRUST FUND 701 BRICKELL AVE #1300 MIAMI FL 33131					l idensit dide tekir diate dikib :	 116		) 	
2. Principal	Place of Business	3. Maili	3. Mailing Address									
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Sta	ate	City & State					<b>4</b> . F	FEI Number 59-2764665			Applied For	
Zip Country		Zip	Zip		Country		5. (	Certificate of Status Desired		\$8.75 A	Not Applicable dditional	
	6. Name and Address of Curre	nt Registered	Agent						_	Fee Requir	red	
			9		Name		7. 1	lame and Address of New Re	gistered	Agent		
1	er, fred Ckell ave. 300					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI F												
WINDING 1	L 33   3						•	·	FL	Zip Co	de	
8. The above	e named entity submits this statement ations of registered agent.	for the purpos	e of changing its	s registere	d office o	r registere	d age	ent, or both, in the State of Flor	da Lam	fomiliar with		
SIGNATURE	- <b>-</b> .				•	· ·		or year, writing clade of Fig.	ua. raiii	ianimat with	, and accept	
	Signature, typed or printed name of registered age	nt and title if applica	able. (NO)	TE: Registered	Agent signal	ture required w	hen rein	nstating)	DATE		<del></del>	
; § F	FILE NOW!!! FEE IS \$150.00			<del></del>		<del></del>					<del></del>	
* Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State .						<ol><li>Election Campaign Fina Trust Fund Contribution.</li></ol>	ncing [	<b>\$5.0</b> Adde	<b>00</b> May Be d to Fees	
10.	OFFICERS AN	D DIRECTORS	3	11.		<del>-</del> -	ADD	DITIONS/CHANGES TO OFFIC	EDC AND	LOIDECTOR	C (A) 44	
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CITY-ST-ZIP					ADDRESS	٠	٠.					
12. Lhereby ce	ertify that the information appolled with	thio files =	A	CITY-ST		·						
indicated of of the corp changed, o	ertify that the information supplied with on this report or supplemental report is location or the receiver or trustee emport or on an attachment with an address	true and accommend to execute the street of execute the street in the st	is not quality for urate and that much this report a cute this report a cute this report and the	me exemp y signature is required	tion state shall ha by Chap	ed in Section ve the same eter 607, Fla	n 119 ne legi orida	3.07(3)(i), Florida Statutes. I fur al effect as if made under oath Statutes; and that my name ar	ther certi ; that I an pears in	iy that the int n an officer o Block 10 or	formation or director Block 11 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

305-38-7711

Doutino Phone #