

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90014 032 ***150.00

DOCUMENT # H99688

1. Entity Name
FIRST FLORIDA INVESTMENT BROKERS, INC.

Principal Place of Business
**1650 SW 17TH ST CAUSEWAY
 FT. LAUDERDALE FL 33316**

Mailing Address
**1650 SW 17TH ST CAUSEWAY
 FT. LAUDERDALE FL 33316**

2. Principal Place of Business
912 E. Broward Blvd., Suite C

3. Mailing Address
912 E. Broward Blvd., Suite C

City & State
Ft. Lauderdale, FL
 Zip
33301

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Ft. Lauderdale, FL
 Zip
33301

4. FEI Number
59-2751511

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN III, THOMAS J.
1650 SE 17TH ST CAUSEWAY #204
FT. LAUDERDALE FL 33316

912 E. Broward Blvd., Suite C
Ft. Lauderdale, FL 33301

7. Name and Address of New Registered Agent

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.

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, 2002 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**
 NAME **RYAN, THOMAS J., III**
 STREET ADDRESS **1650 SW 17TH ST CAUSEWAY**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

912 E. Broward Blvd., Suite C
Ft. Lauderdale, FL 33301

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Thomas J. Ryan, Pres

954 761-8595

4/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)