

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 08:00 AM
Secretary of State

DOCUMENT # J32278

1. Entity Name
BANKERS FINANCIAL SERVICES CORP. OF MIAMI

Principal Place of Business
195 S.W. 15TH ROAD, SUITE 203
MIAMI FL 33129

Mailing Address
195 S.W. 15TH ROAD, SUITE 203
MIAMI FL 33129

2. Principal Place of Business
145 S.E. 25TH ROAD
Suite, Apt. #, etc.
SUITE #1002

3. Mailing Address
145 S.E. 25TH ROAD
Suite, Apt. #, etc.
SUITE #1002

City & State
MIAMI FL

City & State
MIAMI FL

Zip Country
33129 US

Zip Country
33129 US

4. FEI Number
59-2717475
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACOBS, T. SINCLAIR
195 S.W. 15TH ROAD, SUITE 203
MIAMI FL 33129 US

7. Name and Address of New Registered Agent

Name
JACOBS T. SINCLAIR
Street Address (P.O. Box Number is Not Acceptable)
145 S.E. 25TH ROAD
SUITE #1002
City
MIAMI FL Zip Code
33129

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 T. SINCLAIR JACOBS

04/03/2001

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, 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	JACOBS, T. SINCLAIR	
STREET ADDRESS	145 SE 25TH RD	
CITY-ST-ZIP	MIAMI 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	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACOBS, T. SINCLAIR		
STREET ADDRESS	145 SE 25TH RD		
CITY-ST-ZIP	MIAMI FL 33129		
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
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: T. SINCLAIR JACOBS

PRES 04/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)