

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
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2. Principal Place of Business 145 S.E. 25TH ROAD	3. Mailing Address 145 S.E. 25TH ROAD
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Suite, Apt. #, etc. SUITE #1002	Suite, Apt. #, etc. SUITE #1002
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33129	Country US	Zip 33129	Country US
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4. FEI Number
59-2717475

Applied For	Not Applicable
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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 NAME STREET ADDRESS CITY-ST-ZIP	DP JACOBS, T. SINCLAIR 145 SE 25TH RD MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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)