

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10922

1. Entity Name

FLORIDA FINANCIAL CONCEPTS OF SOUTH FLORIDA, INC

Principal Place of Business

% JOYCE M. CARBONE
1001 W CYPRESS CREEK RD 403
FT LAUDERDALE FL 33309

Mailing Address

% JOYCE M. CARBONE
1001 W CYPRESS CREEK RD 403
FT LAUDERDALE FL 33309-1951

2. Principal Place of Business

% JOYCE M. CARBONE

3. Mailing Address

% JOYCE M. CARBONE

Suite, Apt. #, etc.

1600 S. FEDERAL HWY. STE.900

Suite, Apt. #, etc.

1600 S. FEDERAL HWY. STE.900

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip 33062

Country U. S. A.

Zip 33062

Country U. S. A.

4. FEI Number

65-0041364

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARBONE, JOYCE M.
1001 W CYPRESS CREEK RD 403
FT LAUDERDALE FL 33309

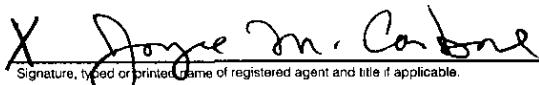
Name CARBONE, JOYCE M.

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

1600 S. FEDERAL HWY. SUITE # 900

City POMPANO BEACH, FL Zip Code 33062

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)

4/28/00

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, 2000 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME CARBONE, JOYCE M.
STREET ADDRESS 1001 W CYPRESS CREEK RD
CITY-ST-ZIP FT LAUDERDALE FL

Delete

TITLE D. P.
NAME CARBONE, JOYCE M.
STREET ADDRESS 1600 S. FEDERAL HWY. SUITE 900
CITY-ST-ZIP POMPANO BEACH, FL 33062

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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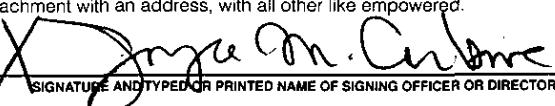
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

858 785 1515

Date

Daytime Phone #

CR2E034 (999)