

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003592

1. Entity Name

FINANCIAL SOLUTIONS INTERNATIONAL, LLC

FILED

01 JUL 25 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3450 NORTHLAKE BLVD., SUITE 201  
PALM BEACH GARDENS FL 33403

3450 NORTHLAKE BLVD., SUITE 201  
PALM BEACH GARDENS FL 33403

2. Principal Place of Business

11641 Kew Gardens Ave.

3. Mailing Address

11641 Kew Gardens Ave.

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-0999000

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

33410

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PREVOST, BRUCE F

3450 NORTHLAKE BLVD., SUITE 201  
PALM BEACH GARDENS FL 33403

7. Name and Address of New Registered Agent

Name

Bruce F. Prevost

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

11641 Kew Gardens Ave.

Suite 101

City

Palm Beach Gardens

FL

Zip Code

33410

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Partner  
Bruce F. Prevost  
11641 Kew Gardens Ave, Ste. 101  
Palm Beach Gardens, FL 33410

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Partner  
David W. Harrold  
11641 Kew Gardens Ave, Ste. 101  
Palm Beach Gardens, FL 33410

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/11/01 561-624-0594

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE