

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

0077118

**DOCUMENT # L72732**

1. Entity Name

**FIRST HOLDING & INVESTMENT, INC.**

02-05-2001 90056 020 \*\*\*150.00

Principal Place of Business

Mailing Address

**877 N. A1A  
 #204  
 INDIALANTIC FL 32903  
 US**

**877 N. A1A  
 #204  
 INDIALANTIC FL 32903  
 US**

2. Principal Place of Business

**2875 PENNSYLVANIA ST.**

3. Mailing Address

**2875 PENNSYLVANIA ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MELBOURNE, FL**

City & State  
**MELBOURNE, FL**

4. FEI Number **65-0199788**

Applied For  
 Not Applicable

Zip  
**32904**

Country  
**U.S.**

Zip  
**32904**

Country  
**U.S.**

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

**HIRSCH, HEINZ  
 877 N A1A #204  
 INDIALANTIC FL 32903**

**HIRSCH, HEINZ  
 2875 PENNSYLVANIA ST.**

City  
**MELBOURNE**

FL

Zip Code  
**32904**

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 type 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **HIRSCH, HEINZ**  
 STREET ADDRESS **877 N. A1A #204**  
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **HIRSCH, HEINZ**  
 STREET ADDRESS **2875 PENNSYLVANIA STREET**  
 CITY-ST-ZIP **MELBOURNE, FL 32904**

TITLE **ST** ☐ Delete  
 NAME **GARCIA, SUSAN M**  
 STREET ADDRESS **901 PONCE DE LEON BLVD., SUITE 606**  
 CITY-ST-ZIP **CORAL GABLES FL 33136**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)