2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State
03-25-2000 90018 041 ***150.00

DOCUMENT # M92698

1. Entity Name

FIRST ITEM PROCESSING CORP.

629660

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% PAUL KLIMEK 4257 NW 1ST AVENUE BOCA RATON FL 33431	% PAUL KLIMEK 4257 NW 1ST AVENUE BOCA RATON FL 33122-6635

2. Principal Place of Business	3. Mailing Address
8250 N.W. 27TH STREET	P.O. Box 226635
Suite, Apt. #, etc.: 302	Suite, Apt. #, etc.:
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33122 Country: USA	Zip: 33122-6635 Country: USA

4. FEI Number 65-0086166 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLIMEK, PAUL
4257 NW 1ST AVENUE
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: PAUL KLIMEK

Street Address (P.O. Box Number is Not Acceptable): 8250 N.W. 27TH STREET

City: MIAMI **FL** Zip Code: 33122

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] PRESIDENT DATE: 1-4-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS KLIMEK, PAL ~~4257 NW 1ST AVE~~ 8250 N.W. 27TH ST. ~~BOCA RATON FL 33431~~ MIAMI, FL	☐ Delete	DPS PAUL J. KLIMEK 8250 N.W. 27 ST MIAMI, FL 33122	☒ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition

CR2E034 (9/99)

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] PRESIDENT 1-4-99 305 470 7226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #