

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002065

1. Entity Name

FPOM, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90091 040 ****61.25

Principal Place of Business

515 E. LAS OLAS BLVD., SUITE 1500
FORT LAUDERDALE FL 33301

Mailing Address

515 E. LAS OLAS BLVD., SUITE 1500
FORT LAUDERDALE FL 33301-2278

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0501544

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROGAN, FRANCIS B JR.
515 E. LAS OLAS BLVD., SUITE 1500
FORT LAUDERDALE FL 33301

Name

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

City

FL

Zip Code

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BIENES, MICHAEL S
STREET ADDRESS 141 BAY COLONY DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

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

TITLE D
NAME BROGAN, FRANCIS B JR.
STREET ADDRESS 515 E. LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

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

TITLE D
NAME CARONE, MATTHEW
STREET ADDRESS 904 N. RIO VISTA BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

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

TITLE D
NAME JUDD, JAMES
STREET ADDRESS 2421 BARCELONA DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

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

TITLE D
NAME KAHN, DONALD
STREET ADDRESS GROVESNOR HOUSE
CITY-ST-ZIP LONDON, ENGLAND ☐ Delete

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

TITLE ST
NAME BIENES, DIANNE K
STREET ADDRESS 141 BAY COLONY DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Bienes
MICHAEL BIENES

1-17-00 (904) 491-0721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #