

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90254 015 ***155.00

DOCUMENT # P00000030337

1. Entity Name

FIRST RESIDENTIAL FLORIDA, INC.

Principal Place of Business

Mailing Address

~~2525 S.W. 3RD AVE., STE. 304~~
~~MIAMI FL 33129~~

~~2525 S.W. 3RD AVE., STE. 304~~
~~MIAMI FL 33129~~

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2. Principal Place of Business

3. Mailing Address

15500 New Barn Rd

15500 New Barn Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 107

Ste. 107

City & State

City & State

MIAMI LAKES

MIAMI LAKES

Zip

Country

Zip

Country

33014

DADE

33014

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1003186

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

GIASI, MICHAEL

SAME

~~2525 S.W. 3RD AVE., STE. 304~~

~~MIAMI FL 33129~~

Name

MICHAEL GIASI

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

15500 New Barn Rd.

Suite No. 107

City

MIAMI LAKES

FL

Zip Code

33014

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

Michael Giasi

4/23/02

Signature, typed or printed name of registered agent and title 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, 2002 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	D	<input type="checkbox"/> Delete
NAME	GIASI, MICHAEL	SAME
STREET ADDRESS	2525 S.W. 3RD AVE., STE. 304	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15500 New Barn Rd. Ste 107	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Giasi

Date

Daytime Phone #

CR2E034 (9/01)