

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048557

1. Entity Name
FIRST ALLIANCE CAPITAL, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90077 020 ***150.00

Principal Place of Business

Mailing Address

2506 CENTER AVE.
ORLANDO FL 32806

2506 CENTER AVE.
ORLANDO FL 32806

00020101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2202 Curry Ford Rd
Suite D

2202 Curry Ford Rd.
Suite D

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
593643219

Applied For
Not Applicable

Zip Country
32806 Orange

Zip Country
32806 Orange

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

ALGIER, FOSTER
2506 CENTER AVE.
ORLANDO FL 32806

Name: Algier Foster
Street Address (P.O. Box Number is Not Acceptable): 2202 Curry Ford Rd. Suite D
City: Orlando FL Zip Code: 32806

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]* Foster Algier DATE: 2-21-01
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D ALGIER, FOSTER 2506 CENTER AVE. ORLANDO FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAGER, ROBERT J 5018 MORTIEU AVE. → Mortier Ave ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* Robert Crager DATE: 2-21-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)