5/21/01-90361

FILED
Jun 27, 2001 8:00 am
Secretary of State
05-21-2001 90361 041 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087371

1. Entity Name
Republic First Inc.

Principal Place of Business / Mailing Address
157 E. New England Ave. Suite 402
Winter Park, Fl. 32789

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 52-2312779 ☐ 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
Canales Dante	Name: José Camacho
8331 Tancy Dr.	Street Address (P.O. Box Number is Not Acceptable): 157 E. New England Ave. Suite 402
Orlando, Fl. 32819	City: Winter Park, Fl. FL Zip Code: 32789

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

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	(Pres)	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	José Camacho		NAME	
STREET ADDRESS	157 E. New England Ave. Suite 402		STREET ADDRESS	
CITY-ST-ZIP	Winter Park, Fl. 32789		CITY-ST-ZIP	
TITLE	V.P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Alfredo Guardado		NAME	
STREET ADDRESS	157 E. New England Ave. Suite 402		STREET ADDRESS	
CITY-ST-ZIP	Winter Park, Fl. 32789		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (11/00)

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   (407)622-1660 Daytime Phone #