## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 12, 2001 8:00 am **BOCUMENT # P00000092211 Secretary of State** FIRST CONSOLIDATED MANAGEMENT CORP. 01-26-2001 90086 008 \*\*\*150.00 Principal Place of Business Mailing Address 5601 SW 92ND ST 5601 SW 92ND ST CORAL GABLES FL 33156 **CORAL GABLES FL 33158** 2. Principal Place of Business, 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1076500 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHWARTZ, JAY D ESQ Street Address (P.O. Box Number is Not Acceptable) ONE TURNBERRY PL. STE 609 19495 BISCAYNE BLVD AVENTURA FL 33180 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, twood or printed name of republished apent and title if englicable. (NOTE: Registered Agent signature required when reinstating DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition ☐ Delete CR2E034 (10/00) TITLE TITLE MEYERS, MICHAEL A NAME NAME 5601 SW 92ND ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP **CORAL GABLES FL 33156** CITY-ST-719 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete mE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empower MILHARE MEYENS 905 608 1229

1/