

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000028272

FILED
Apr 08, 2002 8:00 AM
Secretary of State

Entity Name: MARIO ST-CYR & ASSOCIATES, INC.

Current Principal Place of Business:

900 WEST AVE. SUITE 901
MIAMI BEACH, FL 33139

New Principal Place of Business:

800 WEST AVE. SUITE 335
MIAMI BEACH, FL 33139

Current Mailing Address:

900 WEST AVE. SUITE 901
MIAMI BEACH, FL 33139

New Mailing Address:

1965 SOUTH OCEAN DR. #15L
HALLANDALE, FL 33009

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

ST-CYR, MARIO P
1965 SOUTH OCEAN DR. #15L
HALLANDALE, FL 33009 US

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: MARIO ST-CYR

04/08/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ST-CYR, MARIO
Address: 900 WEST AVE. SUITE 901
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: ST-CYR, MARIO
Address: 800 WEST AVE SUITE 335
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO ST-CYR

P

04/08/2002

Electronic Signature of Signing Officer or Director

Date