

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90474 048 ***150.00

DOCUMENT # P01000102723

1. Entity Name

FLORIDA FINANCIAL CONSULTANT CORP.

Principal Place of Business

8070 NW 53rd ST
 SUITE 112
 MIAMI FL 33166

Mailing Address

8070 NW 53rd ST
 SUITE 112
 MIAMI FL 33166

866602

2. Principal Place of Business

8070 NW 53RD ST.
 Suite, Apt. #, etc.
 112

3. Mailing Address

8070 NW 53RD ST
 Suite, Apt. #, etc.
 112

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1150774

Applied For

Not Applicable

Zip

33166

Country

DADE

Zip

33166

Country

DADE

5. Certificate of Status Desired

\$8.75

Additional

Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MARIE NICOLE
 8070 NW 53RD ST.
 SUITE 112
 MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name

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

City

FL

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 MARIE NICOLE DAVIS - PRESIDENT

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 Intan-
 gible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00

Trust Fund Contribution.

May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVIS, MARIE NICOLE	
STREET ADDRESS	8070 NW 53rd ST # 112	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	DAVIS, CAMEL	
STREET ADDRESS	8070 NW 53rd ST # 112	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVALOS, RICARDO	
STREET ADDRESS	8070 NW 53RD ST # 112	
CITY - ST - ZIP	MIAMI FL 33166	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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			
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			

CPRE034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X

OFFICER

5/8/02

(305) 4183993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

866602

P01000102723

NATP MEMBER

MFR & Associates

Accounting & Tax Service

AICPA MEMBER

17012 NW 19th Street
Pembroke Pines, FL 33028
Tel (305) 742-5453
Fax (954) 689-8934

May 10, 2002

FL Dept. of State
FL Div. of Corp.

RE: Florida Financial Consultant Corp.
Document No. P01000102723

Dear Sir or Madam:

I am writing to you on behalf of Florida Financial Consultant Corp., to request a waiver of penalties associated of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State. Enclosed please find a copy of the form we obtained from the internet and a check \$ 150.00. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,



Manuel E. Fernandez
Tax Advisor