

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000027328

FILED
Apr 29, 2003
Secretary of State

Entity Name: FAMILY SETTLEMENT, INC.

Current Principal Place of Business:

2151 S LEJEUNE RD, STE 305
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2151 S LEJEUNE RD, STE 305
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 04-3685113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTALVO, AEMANDO
2151 S LEJEUNE RD, STE 305
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONTALVO, ARMANDO
Address: 2151 S LEJEUNE RD, STE 305
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MONTALVO, MIRIAM
Address: 2151 S LEJEUNE RD, STE 305
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ARMANDO MONTALVO

D

04/29/2003

Electronic Signature of Signing Officer or Director

Date