

**02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000038983

1. Entity Name

FIRST IN CORPORATION
12691 W. Sunrise Boulevard
Ft. Lauderdale, FL 33323

FILED

03 JAN -2 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12691 W. Sunrise Boulevard

Suite, Apt. #, etc.

3. Mailing Address

12691 W. Sunrise Boulevard

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sunrise, FL

Zip

33323

Country

U.S.A.

City & State

Sunrise, FL

Zip

33323

Country

U.S.A.

4. FEI Number

54-2083738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Armando Delgado

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

12691 W. Sunrise Boulevard

City

Sunrise

FL

Zip Code

33323

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President, Secretary, CEO, Director
Armando Delgado
12691 W. Sunrise Boulevard
Sunrise, FL 33323

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500009994125
01/09/03--01055--017 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/02

Date

954-845-0907

Daytime Phone #