

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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90167 048 \*\*\*150.00

<b>DOCUMENT #</b> P02000066543			
1. Entity Name <b>FIRST UNITY INVESTMENT GROUP, INC.</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>10880 Wiles Road</b>		3. Mailing Address <b>10880 Wiles Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Coral Springs</b>		City & State <b>Coral Springs</b>	
Zip <b>33065</b>		Zip <b>33065</b>	
Country <b>United States</b>		Country <b>United States</b>	
4. FEI Number <b>04-3687743</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <b>Edlie Charles-Cazeau</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>10880 Wiles Road</b>			
City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</b>			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		May 1st, 2003	
Signatures, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when registering)	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Edlie Charles-Cazeau 10880 Wiles Road Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Romane Cazeau 10880 Wiles Road Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Ruguins Andre 10880 Wiles Road Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE:		May 1st, 2003 954-344-0660	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)