

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90151 023 ***150.00

DOCUMENT # **P02000094010**
1. Entity Name
FIRST AMERICAN INVESTMENT MANAGEMENT INC

90065728

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6245 N FED HWY		3. Mailing Address 6245 N FED HWY	
Suite, Apt. #, etc. 401		Suite, Apt. #, etc. 401	
City & State FT LAUDERDALE FL		City & State FT LAUDERDALE FL	
Zip 33308	Country USA	Zip 33308	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number SS-0793733	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MILLER, JOHN P**
Street Address (P.O. Box Number is Not Acceptable)
2499 GATES RD #305A
City **BOCA RATON** FL Zip Code **33431**

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	PD PLUNKETT, PAUL 6245 N FED HWY #401 FT LAUDERDALE FL 33308
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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 signatures.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/01)