## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P33532** 1. Entity Name FIRST TME PARTNERS, INC. Principal Place of Business Mailing Address W 1181 1 OH 1 441F 0000 1481 1 0141 1 4415

## FILED Mar 27, 2001 8:00 am Secretary of State

03-27-2001 90020 001 \*\*\*150.00

SUITE 200 NESTLAKE VILLAGE CA 91361		SUITE 200 WESTLAKE VILLAGE CA 91361			1 INDICARE HAR HIND FARE AND AND HIND	141 <b>2</b> 181 1181 1	(1211 A) B() B(21	i 9191) 1 <b>91</b> 1
2. Principal F 6464 Suite, Apt.	Place of Business Quenve	3. Mailing Address AV Suite, Apt. #, etc.	ioga Av	enne	DO NOT WRIT			
WO Stat	canofuls ca	WOODCAND	Hills G	4.	FEI Number 76-0234950		<u> </u>	plied For t Applicable
913	67 Country	91367	Country	5.	Certificate of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current R	egistered Agent			Name and Address of New Ro	egistered Ag	jent	
· * • ===		-	Name	4.	• •			
nrai 526 i Tall	Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City			FL	Zip Code	е -
8 The above	e named entity submits this statement for t	the number of changing its	rogistered office of	r registered s	egent, or both, in the State of Flo	rida	<del>1</del>	
o. His above	e named entity submits this statement for	the purpose of changing its	registered office of	r registereu a	igent, or both, in the state of Flo	nua.		1
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	E: Registered Agent signat	ure required when	reinstating)	DATE		
			!! FEE IS \$150.0 01 Fee will be \$5 ble to Departmen	50.00 ·	10. Election Campaign Fina Trust Fund Contribution	~ —		May Be to Fees
11.	OFFICERS AND D	IRECTORS	12.	Α	ADDITIONS/CHANGES TO OFFI	CERS AND D	DIRECTORS	3 IN 11
TITLE	CP	☐ Delete	TITLE		Name of the state		☐ Change	☐ Addition
NAME	FU, MONTY		NAME	1			_ •	
STREET ADDRESS	6464 CANOGA AVENUE		STREET ADDRESS					
CITY-ST-ZIP	WOODLAND HILLS CA 91367		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			Į	Change	☐ Addition
NAME	FUNARI, ROBERT G		NAME					
STREET ADDRESS	6464 CANOGA AVENUE		STREET ADDRESS					Ì
CITY-ST-ZIP	WOODLAND HILLS CA 91367		CITY-ST-ZIP					
TITLE	D BACEDO HAN HAIC C	Delete _	TITLE			[	Change	Addition
NAME	BAGERDJIAN, HAIG S		NAME STREET ADDRESS			-		
CITY-ST-ZIP	WOODLAND HILLS CA 91367		CITY-ST-ZIP					
	PCEO	□ Delete	TITLE	<u> </u>			Change	☐ Addition
TITLE NAME	WARD, DAVID L	LI Delete	NAME	1 212	11 Change 1 1			Addition
STREET ADDRESS	3396 WILLOW LANE #200		STREET ADDRESS	0,40	4 CANOGA A	MENIA	5	,
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361		CITY-ST-ZIP	Woo.	DUAND HUL	x CA	415	6フ
TITLE	CFO	☐ Delete	TITLE			<u> </u>	Change	Addition
NAME	MARTEL, ROCHELLE J		NAME	6111	11 cAnna	An		_
STREET ADDRESS	3396 WILLOW LANE #200		STREET ADDRESS	646	4 CANOGA	MUN	nc	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361		CITY-ST-ZIP	WOOL	LAND HULL	Of 1	113/2	7
TITLE	S	Delete	TITLE	5_1	C DANIA LA	110	☐ Change	Addition
NAME	BALDWIN, WAYNE K		NAME	JOHN	1 S. BAUMAN	1 <b>Y</b> \		7
STREET ADDRESS	3396 WILLOW LANE #200		STREET ADDRESS	64102	Ang A Ave	NUR		ĺ
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361		CITY-ST-ZIP	1.000	JAMA IILIO	CIA1	マかつ	

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 Block 12 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR