

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000069161

1. Entity Name
FIRST SERVICE MANAGEMENT, INC.

Principal Place of Business
13238 SW 8 STREET
MIAMI FL 33184

Mailing Address
13238 SW 8 STREET
MIAMI FL 33184

2. Principal Place of Business
13155 SW 42 ST

3. Mailing Address
13155 SW 42 ST

Suite, Apt. #, etc.

SUITE # 200

Suite, Apt. #, etc.

SUITE # 200

City & State

MIAMI, FL

City & State

MIAMI, FLORIDA

Zip

33175

Zip

33175

Country

Country

4. FEI Number
59-2378896

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAN ROMÁN, EDUARDO
13238 SW 8 STREET
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name San Roman, Eduardo

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

13155 SW 42 ST # 200

City MIAMI

FL Zip Code 33175

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

4/15/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 D
NAME SAN ROMAN, EDUARDO
STREET ADDRESS 13238 SW 8 STREET
CITY-ST-ZIP MIAMI FL 33184

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME San Roman, Eduardo
STREET ADDRESS 13155 SW 42 ST # 200
CITY-ST-ZIP MIAMI, FL 33175

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change

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Change

Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

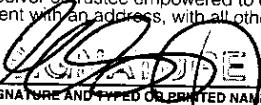
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 305 557 9400

Date

Daytime Phone #

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90017 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)