

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 23, 2001 8:00 am
Secretary of State

04-26-2001 90237 029 ***150.00

DOCUMENT # P94000019020

1. Entity Name

FIRST FINANCIAL LEADS & REFERRALS SERVICES CO.,

Principal Place of Business

**255 LV LANE
 COLTEWAH TN 37363**

Mailing Address

**PO BOX 1163
 COLLEGEDALE TN 37315-1163**

2. Principal Place of Business

255 LV LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COLTEWAH, TN

City & State

Zip

37363

Country

U.S.A

Zip

Country

4. FEI Number

65-0473479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PINO, ORLANDO
 1465 NE 121 ST #B-402
 N MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

PINO, ALAIN J.

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

15340 S.W. 156TH AVENUE

City

MIAMI, FL.

Zip Code

33187

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

Orlando Pino

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

4/18/01

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, 2001 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	SD	<input checked="" type="checkbox"/> Delete
NAME	PINO, LILLIAN	
STREET ADDRESS	12864 BISCAYNE BLVD., UNIT 303	
CITY- ST- ZIP	NORTH MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ORLANDO, PINO	
STREET ADDRESS	1465 NE 121 ST. #B-402	
CITY- ST- ZIP	NORTH MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO, LILLIAN	
STREET ADDRESS	255 LV LANE	
CITY- ST- ZIP	COLTEWAH, TN 37363	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO, ORLANDO	
STREET ADDRESS	255 LV LANE	
CITY- ST- ZIP	COLTEWAH, TN 37363	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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. I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Orlando Pino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

423-396-6962

Daytime Phone #

CR2E034 (10/00)