

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 Mailing Address
255 LV LANE **PO BOX 1163**
COLTEWAH TN 37363 **COLLEGEDALE TN 37315-1163**

2. Principal Place of Business 3. Mailing Address
255 LV LANE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
COLTEWAH, TN
 Zip Country Zip Country
37363 **U.S.A**

4. FEI Number Applied For
65-0473479 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 SW 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* DATE 4/18/01
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PINO, LILLIAN 255 LV LANE COLTEWAH, TN 37363	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PINO, ORLANDO 255 LV LANE COLTEWAH, TN 37363	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Orlando Pino* DATE 4/18/01 DAYTIME PHONE # 423-396-6962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)