

0/17/00 12:40

AUG-17-00 11:45 AM

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P94000074690

1. Entity Name

FAMILY INVESTMENT GROUP, INC. ✓

Principal Place of Business

Mailing Address

6151 MIRAMAR PARKWAY
SUITE 216
MIRAMAR, FL 33023

2. Principal Place of Business

3. Mailing Address

6151 MIRAMAR PARKWAY

6151 MIRAMAR PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 216

SUITE 216

City & State

City & State

MIRAMAR, FL

MIRAMAR, FL

Zip

Country

Zip

Country

33023

BROWARD

33023

BROWARD

4. FEI Number

65-0537526

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

00080557

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARMEUS JACOB
6151 MIRAMAR PARKWAY
SUITE 216
MIRAMAR, FL 33023

Name

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

6151 MIRAMAR PARKWAY, SUITE 216

City

MIRAMAR

FL

Zip Code
33023

9. 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

CARMEUS JACOB, REGISTERED AGENT

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FEE: NOW \$150.00
After MAY 1, 2000 Fee will be \$500.00
Fees are available to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CARMEUS JACOB ☐ Delete
STREET ADDRESS 6151 MIRAMAR PARKWAY, #216
CITY-ST-ZIP MIRAMAR, FL 33023TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE STD
NAME ADELINE JACOB ☐ Delete
STREET ADDRESS 6151 MIRAMAR PARKWAY, #216
CITY-ST-ZIP MIRAMAR, FL 33023TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CARMEUS JACOB, PRESIDENT

8/17/1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

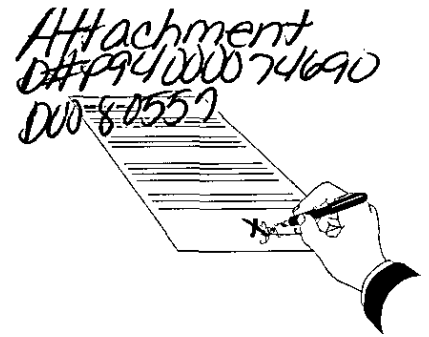
Date

Daytime Phone #

CR2003A (9/99)

TitlePerfect, Inc.

"Dedicated to Perfect Service"



August 17, 2000

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

ATTENTION: REINSTATEMENT DEPARTMENT

RE: Family-Investment Group, Inc.

Gentlemen:

Enclosed herewith please find the following:

1. Annual Report Form
2. Check in the sum of \$550.00, representing reinstatement fee

We would appreciate your supplying this office with evidence of reinstatement of this corporation.

Sincerely,

TitlePerfect, Inc.

ROSEMARY VAN WITZENBURG

RVW/gss