

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90306 025 ***150.00

DOCUMENT # P94000077451

1. Entity Name
FIRST EQUITY GROUP, INC.

Principal Place of Business

**275 COMMERCIAL BLVD
 SUITE #260
 FORT LAUDERDALE FL 33308
 US**

Mailing Address

**275 COMMERCIAL BLVD
 SUITE #260
 FORT LAUDERDALE FL 33308
 US**

2. Principal Place of Business

1761 W. HILLSBORO BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

DEERFIELD BCH. FL.

City & State

4. FEI Number

65-0530092

Applied For

Not Applicable

Zip

33442

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BAKER, DOUGLAS
 275 COMMERCIAL BLVD # 260
 LAUDERDALE BY THE SEA FL 33308**

7. Name and Address of New Registered Agent

Name

BAKER, DOUGLAS

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

1761 W. HILLSBORO BLVD. # 203

City

DEERFIELD BCH.

FL

Zip Code

33442

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPT
 ALONZO, MARCO D
 3300 N. PORT ROYAL DR APT 349
 FT. LAUDERDALE FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DSVP
 BAKER, DOUGLAS R
 5206 N.W. 28 STREET
 MARGATE FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

MANUEL ALONZO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 954-776-3401

Date

Daytime Phone #

CR2E034 (9/01)