

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005983

1. Entity Name

FIRST TECHNICAL SERVICES, INC.



Principal Place of Business

15749 SW 149 TERR  
MIAMI FL 33157  
US

Mailing Address

15749 SW 149 TERR  
MIAMI FL 33157  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33196

Country

Zip

33196

Country

4. FEI Number

65-0549275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERARDI, RICHARD  
11236 SR 84  
DAVE FL 33325

Name

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

City

FL

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P BAKER, MERCUTH D**  
STREET ADDRESS **15749 SW 149 TERR**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90016 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

9/12/2000

Attachment Doc# P9500005982  
AC078722

From: M.D. BAKER  
FIRST TECHNICAL SERVICES INC.  
15749 SW 149 TERR.  
Miami FL. 33196  
(954) 295-3301

To: Division of Corporations  
PO Box 1500  
TALLAHASSEE, FL. 32302-1500

Please note that we DID NOT  
RECEIVE A FIRST NOTICE TO file a UBR.  
AN EXAMINATION of the second notice  
indicates that the zip code information  
was incorrect. We have made the  
necessary changes on the UBR.  
We have submitted our UBR with  
the original filing fee of \$150<sup>00</sup>.  
Please advise if our filing was  
accepted without penalty.

Thank you for your consideration  
Sincerely  
M.D. Baker