

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90057 027 ***158.75

DOCUMENT # PA5000067512
1. Entity Name
Financial Connections, Inc

Principal Place of Business
3550 Biscayne Blvd
Suite 202
Miami, FL 33137

Mailing Address

2. Principal Place of Business
3550 Biscayne Blvd
 Suite, Apt. #, etc.
202

3. Mailing Address
3550 Biscayne Blvd
 Suite, Apt. #, etc.
202

City & State
Miami, Florida

City & State
Miami, FL

Zip
33137

Country
USA

Zip
33137

Country
USA

4. FEI Number
65-0607508

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

A0017774

6. Name and Address of Current Registered Agent

Edmond Heidesdorf
420 Lincoln Road
Suite 303
Miami Beach, FL 33139

7. Name and Address of New Registered Agent

Name Edmond Heidesdorf
Street Address (P.O. Box Number is Not Acceptable)
3550 Biscayne Blvd
Suite 202
City Miami **FL** **Zip Code** 33137

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 Edmond Heidesdorf **President**

4/9/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE President ☐ Delete
NAME Edmond Heidesdorf
STREET ADDRESS 3550 Biscayne Blvd
CITY-ST-ZIP Miami, FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ 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: Edmond Heidesdorf 4/9/01 305-775-8405
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)