

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078863

1. Entity Name

FORREST FINANCIAL, INC.

FILED

Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90005 001 ***150.00

Principal Place of Business

677 GLENRIDGE RD
KEY BISCAINE FL 33149
US

Mailing Address

677 GLENRIDGE RD
KEY BISCAINE FL 33149-2014
US

2. Principal Place of Business

2715 De Soto Blvd
Suite, Apt. #, etc.

3. Mailing Address

2715 De Soto Blvd.
Suite, Apt. #, etc.

710650



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

4. FEI Number

65-0633217

Applied For

Not Applicable

Zip

33134

Country

US

Zip

33134

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOLAND, BRUCE J
801 BRICKELL AVE.
STE. 1501
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME D
STREET ADDRESS WILLIS, CLAUDIA
CITY-ST-ZIP 677 GLENRIDGE RD
KEY BISCAINE FL 33149

TITLE ☐ Delete
NAME D
STREET ADDRESS LAI, JEANNE
CITY-ST-ZIP 677 GLENRIDGE RD
KEY BISCAINE FL 33149

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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CITY-ST-ZIP

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:

Claudia Willis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

Date

(305)-361-7198

Daytime Phone #

CR2E034 (9/99)