

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P950000 84675  
 1. Entity Name  
 First International Capital, Inc

FILED

01 APR 27 AM 8:50

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 7040 W. Palmetto Park Road  
 Suite #4-394  
 BOCA RATON, FL 33433

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59 334 7570 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 Salvatore Alhadeff  
 7040 W. Palmetto Pk. Rd.  
 #4-394  
 BOCA RATON, FL 33433

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, 2001 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  
 President / Director ☐ Delete  
 Salvatore Alhadeff  
 7040 W. Palmetto Pk. Rd.  
 #4-394  
 BOCA RATON, FL 33433  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Sec. / Treasurer  
 Robert Hooe ☐ Delete  
 7040 W. Palmetto Pk. Rd.  
 #4-394  
 BOCA RATON, FL 33433  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  
 0000004161620-2  
 -05/03/01--01046-016  
 \*\*\*\*150.00 \*\*\*\*150.00  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
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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: Robert HOOE 4-25-01 561 832 1333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)