

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085760

1. Entity Name

FIRST COMMERCIAL MUTUAL COMPANY, AN ASSESSABLE M

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90078 028 ***150.00

80044273



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9960 N.W. 116TH WAY
STE. 12
MIAMI FL 33178
US

Mailing Address

9960 N.W. 116TH WAY
STE. 12
MIAMI FL 33178
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0616750

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32399-0300

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME BEANE, REGINALD E
STREET ADDRESS 5088 NW 81S AVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

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

TITLE VP ☐ Delete
NAME CAMBERT, RENE M
STREET ADDRESS 9960 NW 116 WAY STE 12
CITY-ST-ZIP MIAMI LAKES FL

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

TITLE D ☒ Delete
NAME LIVEK, WILLIAM P
STREET ADDRESS 5400 W LEITNER DR
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D ☐ Change ☒ Addition
NAME MARCOS GUTIERREZ
STREET ADDRESS 16319 NW 84 AVE
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE D ☐ Delete
NAME DELGADO, JOSE L
STREET ADDRESS 13540 SW 105 AVE
CITY-ST-ZIP MIAMI FL 33176

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

TITLE D ☐ Delete
NAME HUGHES, FOREST I
STREET ADDRESS 125 SWOOPE, STE. 203
CITY-ST-ZIP MATILAND FL

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

TITLE DVP ☐ Delete
NAME ESPINOSA, LUIS M
STREET ADDRESS 15522 NW 82 PLACE
CITY-ST-ZIP MIAMI FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)