

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000085760

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: FIRST COMMERCIAL MUTUAL COMPANY, AN ASSESSABLE MUTUAL

Current Principal Place of Business:

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

New Principal Place of Business:

7900 N.W. 155 STREET
STE. # 200
MIAMI LAKES, FL 33016 US

Current Mailing Address:

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

New Mailing Address:

7900 N.W. 155 STREET
SUITE # 200
MIAMI LAKES, FL 33016 US

FEI Number: 65-0616750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE, FL 323990300

Name and Address of New Registered Agent:

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE, FL 323990300 US

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:

04/29/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BEANE, REGINALD E
Address: 5088 NW 81S AVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP () Delete
Name: CAMBERT, RENE M
Address: 9960 NW 116 WAY STE 12
City-St-Zip: MIAMI LAKES, FL

Title: D () Delete
Name: GUTIERREZ, MARCOS
Address: 16319 NW 84 AVE
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: DELGADO, JOSE L
Address: 13540 SW 105 AVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: HUGHES, FOREST I
Address: 125 SWOOPE, STE. 203
City-St-Zip: MATILAND, FL

Title: DVP () Delete
Name: ESPINOSA, LUIS M
Address: 15522 NW 82 PLACE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CAMBERT, RENE M
Address: 9455 COLLINS AVENUE PH # 1
City-St-Zip: SURFSIDE, FL 33154 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINALD E. BEANE

DP

04/29/2002

Electronic Signature of Signing Officer or Director

Date