

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90077 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000087294			
1. Entity Name FAITH FINANCIAL SECURITIES INC.			
Principal Place of Business 2901 SOUTH BAYSHORE DRIVE, #1E MIAMI, FL 33133		Mailing Address 2901 SOUTH BAYSHORE DRIVE, #1E MIAMI, FL 33133	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent LAU, ROBERT C 2901 SOUTH BAYSHORE DRIVE, #1E MIAMI, FL 33133		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 fee will be \$550.00 Make Check Payable to Florida Department of State		Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAU, ROBERT C 2901 SOUTH BAYSHORE DRIVE, #1E MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Robert C. Lau</u>		4/2/03 (305) 445-8776	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

90071905



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0834429** Applied For
Not Applicable

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

CR2EC034 (10/02)