

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90141 006 ***150.00

DOCUMENT # P96000019417

1. Entity Name

FIRST FINANCIAL INVESTMENT GROUP INCORPORATED

Principal Place of Business

Mailing Address

1918 HARRISON STREET #203
 HOLLYWOOD FL 33020-5066
 US

1918 HARRISON STREET #203
 HOLLYWOOD FL 33020-5066
 US

D0016145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0651541

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

MOSKOL, NICHOLAS
1918 HARRISON STREET
SUITE 203
HOLLYWOOD FL 33020

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MOSKOL, NICHOLAS	
STREET ADDRESS	1079 TYLER ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GALLAGHER-MOSKOL, PATRICIA	
STREET ADDRESS	1079 TYLER ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
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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) **NICHOLAS MOSKOL (Nicholas Moskoll, Pres.)** 2/1/2000 922-115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #