

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0147070 AV

DOCUMENT # P96000019417

1. Entity Name
FIRST FINANCIAL INVESTMENT GROUP INCORPORATED

03-06-2002 90036 032 ***150.00

Principal Place of Business 1918 HARRISON STREET #203 HOLLYWOOD FL 33020-5066 US	Mailing Address 1918 HARRISON STREET #203 HOLLYWOOD FL 33020-5066 US
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2. Principal Place of Business <i>2632 Hollywood Blvd.</i> Suite, Apt. #, etc. <i>Suite 202</i> City & State <i>Hollywood, Fl.</i> Zip <i>33020</i> Country <i>U.S.A.</i>	3. Mailing Address <i>2632 Hollywood Blvd.</i> Suite, Apt. #, etc. <i>Suite 202</i> City & State <i>Hollywood, Fl.</i> Zip <i>33020</i> Country <i>U.S.A.</i>
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0651541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MOSKOL, NICHOLAS
1918 HARRISON STREET
SUITE 203
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name: **- Same -**
 Street Address (P.O. Box Number is Not Acceptable): **2632 Hollywood Blvd., Suite 202**
 City: **Hollywood** State: **FL** Zip Code: **33020**

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: *Nicholas Moskol* DATE: **1/11/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSKOL, NICHOLAS 1079 TYLER ST HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLAGHER-MOSKOL, PATRICIA 1079 TYLER ST HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Nicholas Moskol, President* DATE: **2/19/02** DAYTIME PHONE #: **954-922-1154**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)