

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000048739**1. Entity Name
FINANCIAL SAVING SERVICES, INC.**FILED**
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90091 030 ***150.00

Principal Place of Business

17850 SW 34 CT
MIRAMAR FL 33029

Mailing Address

P.O. BOX 820834
SOUTH FLORIDA FL 33082

2. Principal Place of Business

2083 West 76 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Zip

33016

Country

USA

Zip

Country

4. FEI Number **65-0759173**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DEL PINO, ARMANDO B
17850 SW 34 CT
MIRAMAR FL 33029

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.

SIGNATURE

*Sarah del Pino***SARAH del Pino****4/23/01**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DEL PINO, ARMANDO B**
STREET ADDRESS **7850 SW 24 COURT**
CITY-ST-ZIP **HOLLYWOOD FL 33029**TITLE **D** ☐ Delete
NAME **DEL PINO, SARAH L**
STREET ADDRESS **7850 SW 24 COURT**
CITY-ST-ZIP **HOLLYWOOD FL 33029**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2083 W. 76 ST**
CITY-ST-ZIP **Hialeah FL 33016**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2083 W. 76 ST**
CITY-ST-ZIP **Hialeah FL 33016**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

*Sarah del Pino***SARAH del Pino****4/23/01 (805) 364-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9494