

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90561 016 ***550.00

DOCUMENT # P97000051621

1. Entity Name

FIRST FLORIDA ADMINISTRATORS, INC.



Principal Place of Business

**15231 WILSHIRE CIR. S.
 PEMBROKE PINES FL 33027
 US**

Mailing Address

**15231 WILSHIRE CIR. S.
 PEMBROKE PINES FL 33027
 US**



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

65-0922317

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

BARTEL, STANLEY J

46 S.W. 1ST ST. - #400

MIAMI FL 33130

MIAMI

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	BARTEL, KAREN S	
STREET ADDRESS	15231 WILSHIRE CIR S	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARTEL, STANLEY J	
STREET ADDRESS	46 S.W. 1ST ST. - #400	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARTEL, STANLEY J	
STREET ADDRESS	46 S.W. 1ST ST. - #400	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

STANLEY J. BARTEL
V.P. + SECY.

Date

Daytime Phone #

CR2E034 (5/01)