

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90474 036 ***150.00

DOCUMENT # **P97000051621**

1. Entity Name
First Florida Administrators, Inc

DO NOT WRITE IN THIS SPACE

866614

2. Principal Place of Business
46 Southwest First St.

3. Mailing Address
46 Southwest First St.

Suite, Apt. #, etc.

4th Floor

Suite, Apt. #, etc.

4th Floor

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

65-0922317

Applied For

Not Applicable

Zip

33130

Country

USA

Zip

33130

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Stanley Jay Bartel

Street Address (P.O. Box Numbers Not Acceptable)

46 Southwest First St.

4th Floor

City

Miami

FL

Zip Code

33130

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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back).

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$500.00

Amended UBR is \$61.25

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

TITLE	PD
NAME	BARTEL KAREN J.
STREET ADDRESS	46 S.W. 1st St. - # 400
CITY - ST - ZIP	Miami FL 33130
TITLE	VP&D
NAME	BARTEL STANLEY J.
STREET ADDRESS	46 S.W. 1st St. - # 400
CITY - ST - ZIP	Miami FL 33130
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stanley Jay Bartel **Stanley Jay Bartel** **4-25-02 305 982 0440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)