

2000 UNIFORM BUSINESS REPORT (UBR)

5/

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

05-12-2000 90092 046 ***150.00

DOCUMENT # P97000077426
Entity Name
First Southern Financial, Inc.

Additional Place of Business
9400 S. Dadeland Blvd.
Suite 720
Miami, FL 33156

Mailing Address
304 Palermo Ave.
Coral Gables, FL
33134

Principal Place of Business
9400 S. Dadeland Blvd.

3. Mailing Address
304 Palermo Ave.

Suite, Apt. #, etc.
720

City & State
Miami, FL

City & State
Coral Gables, FL

Zip
33156

Country
U.S.A.

Zip
33134

Country
U.S.A.

4. FEI Number
65-0781183

Applied For
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Robert Berg
9400 S. Dadeland Blvd.
Suite 720
Miami, FL 33156

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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]* **5/31/00**
Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when re-statuting) DATE

8. 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

OFFICERS AND DIRECTORS	
President ☐ Delete	
Robert Berg	
9400 S. Dadeland Blvd.	
Miami, FL 33156	
Vice-president ☐ Delete	
Steven Wemple	
10440 SW 120 St.	
Miami, FL 33176	
STREET ADDRESS ☐ Delete	
CITY-STATE-ZIP	
STREET ADDRESS ☐ Delete	
CITY-STATE-ZIP	
STREET ADDRESS ☐ Delete	
CITY-STATE-ZIP	
STREET ADDRESS ☐ Delete	
CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Change ☐ Addition	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE ☐ Change ☐ Addition	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE ☐ Change ☐ Addition	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE ☐ Change ☐ Addition	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

3. 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]* **STEVEN M. WEMPLE** **4/25/00** **305-670-0746**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)