FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 10, 2001 8:00 am DOCUMENT # **P97000077426** Secretary of State FIRST SOUTHERN FINANCIAL, INC. 05-10-2001 90058 029 \*\*\*158.75 Principal Place of Business Mailing Address 9400 S. DAELAND BLVD 304 PALERMO AVE MIAMI FL 33134 MIAMI FL 33156 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2355214 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHOOS, S C Street Address (P.O. 8ox Number is Not Acceptable) 15600 S.W. 288TH ST. **SUITE 312 HOMESTEAD FL 33033** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CD TITLE ☐ Delete BERG, ROBERT S. #720 BERG, ROBERT S NAME 9400 S. DADELAND BLVD. SUITE 720 STREET ADDRESS STREET ADDRESS MIAMI, FL 33156 MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIP STD Change TITLE Delete TITLE WEMPLE STEVE M. #720 WEMPLE, STEVE M NAME NAME 9400 S. DADELAND BLVD. SUITE 720 STREET ADDRESS STREET ADDRESS MIAMI, PL 33156 **MIAM! FL 33156** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 the 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 employered 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.

STEVEN M. WEMPLE RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: