

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90169 045 ***150.00

DOCUMENT # P98000047980

1. Entity Name
FIRST FIDELITY CAPITAL MARKETS INC.



Principal Place of Business
**400 NORTH WEST 69TH STREET SUITE 100
BOCA RATON FL 33487**

Mailing Address
**400 NORTH WEST 69TH STREET SUITE 100
BOCA RATON FL 33487**

2. Principal Place of Business
10463 STONEBRIDGE BOULEVARD

3. Mailing Address
10463 STONEBRIDGE BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON FLORIDA

City & State
BOCA RATON FLORIDA

4. FEI Number **65-0842067**

Applied For

Not Applicable

Zip Country
33498-6419 USA

Zip Country
33498-6419 USA

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

6. Name and Address of Current Registered Agent

**NINOS, CHRISTOPHER M CPA
1600 S DIXIE HWY 307
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1600 SOUTH DIXIE HIGHWAY

SUITE #503

City
BOCA RATON

FL

Zip Code
33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Christopher M. Ninos* **CHRISTOPHER M. NINOS C.P.A.**

03-30-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JACOBS, ELLIOT**
STREET ADDRESS **400 NORTH WEST 69TH STREET SUITE 100**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **ELLIOT JACOBS**
STREET ADDRESS **10463 STONEBRIDGE BOULEVARD**
CITY-ST-ZIP **BOCA RATON FLORIDA 33498-6419**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **ELLIOT JACOBS**
STREET ADDRESS **10463 STONEBRIDGE BOULEVARD**
CITY-ST-ZIP **BOCA RATON FLORIDA 33498-6419**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
NAME **ELLIOT JACOBS**
STREET ADDRESS **10463 STONEBRIDGE BOULEVARD**
CITY-ST-ZIP **BOCA RATON FLORIDA 33498-6419**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **ELLIOT JACOBS**
STREET ADDRESS **10463 STONEBRIDGE BOULEVARD**
CITY-ST-ZIP **BOCA RATON FLORIDA 33498-6419**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **ELLIOT JACOBS**
STREET ADDRESS **10463 STONEBRIDGE BOULEVARD**
CITY-ST-ZIP **BOCA RATON FLORIDA 33498-6419**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elliot Jacobs* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-03 561 558-0230

CR2E034 (10/02)