

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

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90374 046 ***150.00

DOCUMENT # P980000 61856

1. Entity Name

FSCM INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3696 NORTH FEDERAL HWY

Suite, Apt. #, etc.

303

3. Mailing Address

3696 NORTH FEDERAL HWY

Suite, Apt. #, etc.

303

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE FL

Zip

33308

Country

USA

City & State

FORT LAUDERDALE FL

Zip

33309

Country

USA

4. FEI Number

65-0851457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

AMERI LAWYER

Street Address (P.O. Box Number is Not Acceptable)

363 ALMERIA AVENUE

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

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 PTD
NAME FAUCHER PHILIPPE
STREET ADDRESS 4212 NW 41ST LANE
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE SUD
NAME CULIER BERNARD
STREET ADDRESS 0454 BONITA ISLE DR
CITY-ST-ZIP LAKEWORTH FL 33467

TITLE VP
NAME KEONHAW SHANNON
STREET ADDRESS 6515 BAY CLUB DR #3
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/01)