

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064091

1. Entity Name
F.C. ADVISORY SERVICES, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90218 016 ***150.00

Principal Place of Business
15600 SW 288 STREET
#305
HOMESTEAD FL 33033
US

Mailing Address
15600 SW 288 STREET
#305
HOMESTEAD FL 33033
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3519514		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FREDERICK, MICHAEL 15600 SW 288 STREET, SUITE 305 HOMESTEAD FL 33033				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK, MICHAEL		NAME	Michael L. Frederick	
STREET ADDRESS	15600 SW 288 ST., SUITE 305		STREET ADDRESS	15600 SW 288 Street, Suite 305	
CITY-ST-ZIP	HOMESTEAD FL 33033		CITY-ST-ZIP	Homestead, Fl 33033	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, ROBERT		NAME	Robert Carlson	
STREET ADDRESS	8900 SW 107TH AVE, SUITE 302		STREET ADDRESS	15000 SW 288 Street, Suite 305	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	Homestead, Fl 33033	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: Michael L. Frederick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001 305-242-1485
Date Daytime Phone #

CR2E034 (10/00)