## FILED May 13, 2002 8:00 am Secretary of State

**DOCUMENT #** 1. Entity Name

THE FINANCIAL FORUM, INC.						05-13-2002 90052 041 ***150.00				
Principal Place of Business Mailing Address 1900 WEST COMMERCIAL BLVD PO BOX 590910										
Suite 16	RDALE FL 33309	PO BOX 590910 FORT LAUDERDALE FL 33309 US								
2. Principal P	lace of Business	3. Mailing Address	. Mailing Address					<b>il</b> iii <b>il</b> iii <b>ilii</b> i i		
4600 Suite, Apt.	W. Commercial Blv	d.					50.1107.110	.TE IN THE 6		
Suite, Apr.	· ·	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	e .	City & State				4. FEI Numbe	65-093495	:n		oplied For
<u>For-t-</u> Zip	Lauderdale, -FL	Zip Country						•	. ]  No <b>8.75</b> Add	ot Applicable.
33319 Broward		210		, odniki y		5. Certificate	of Status Desired		ee Require	
	6. Name and Address of Current R		Name	-	7. Name and	Address of New i	Registered A	gent		
FOREST, CATHERINE										
1900 WEST COMMERICAL BLVD				Street A 4 6 0 0	ddress (P <b>W</b> • C	P.O. Box Numbe	ris Not Acceptablial Blvd	<sup>le)</sup> # 7		l .
SUITE 16								.,		
FORT LAUDERDALE FL 33309						erdale		FL	7333°1	β
8. The above	named entity submits this statement for	the purpose of changing its					n, in the State of F		13331	
							red Agen	it ala	. / .	_
SIGNATURE	Signature, typed or printed name of registeror agent an	<del></del>				, Pres.		DATE	0/00	2
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  FILE NOW!  After May 1, 200  Make Check Payab				will be \$	550.00	Trus	ction Campaign Fi st Fund Contribution			00 May Be d to Fees
11.	OFFICERS AND D	RECTORS	12.			ADDITIONS/0	CHANGES TO OF	FICERS AND I	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOREST, CATHERINE 1900 WEST COMMERCIAL BLVD FORT LAUDERDALE FL 33309	☐ Delete #16					nmercial dale, FL	Blvd :	Change # 7	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	4		VD G. V 4600	alencia W. Com	Steigen	Blvd #	☐ Change	<b>★</b> Addition
TITLE		☐ Delete	TITL		rt.	<u>Lauderd</u>	are, ru	33319	☐ Change	Addition
NAME STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP TITLE NAME		☐ Defete	TITLE					j	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		-		ET ADDRESS -ST-ZIP						
TITLE		Delete	TITLE						Change	☐ Addition
NAME		500.0	NAM	E				·	- •	_
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		□ Delete	TITLE		<del> </del>				Change	Addition
NAME			NAM	E				•	_ 9.	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - 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:** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine Forest,

2/20/02 Date

Daytime Phone #

(954) 568-4443