

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91009 042 ***150.00

DOCUMENT # 1. Entity Name <u>P99000053140</u> F.F. FINANCIAL CORP.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip Country 33134 USA	3. Mailing Address 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip Country 33134 USA
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4. FEI Number 65-0932038	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name
CARLOS VILLANUEVA
 Street Address (P.O. Box Number is Not Acceptable)
2100 PONCE DE LEON BLVD.
SUITE 600
 City State Zip Code
CORAL GABLES FL 33134

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25

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	S
NAME	VILLANUEVA, CARLOS
STREET ADDRESS	2100 PONCE DE LEON BLVD., #600
CITY - ST - ZIP	CORAL GABLES, FL 33134

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS VILLANUEVA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 305-377-0812
 Date Daytime Phone #