

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90150 013 \*\*\*550.00

002282: 3 AV

**DOCUMENT # P99000067689**

1. Entity Name

**FIRST PRIORITY INVESTMENTS INC.**

Principal Place of Business

**2000 N.E. 49TH STREET  
POMPANO BEACH FL 33064**

Mailing Address

**2000 N.E. 49TH STREET  
POMPANO BEACH FL 33064**

2. Principal Place of Business

**1940 NE 49th STREET**

Suite, Apt. #, etc.

3. Mailing Address

**1940 NE 49th STREET**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**POMPANO BEACH FL**

City & State

**POMPANO BEACH, FL**

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

Zip

**33064**

Country

**BROWARD**

Zip

**33064**

Country

**BROWARD**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LICHTENBERGER, DANIEL  
2000 N.E. 49TH STREET  
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name

**MARYANN CAPUTO**

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

**1940 NE 49th STREET**

City

**POMPANO BEACH**

FL

Zip Code

**33064**

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

*Maryann Caputo*

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

(NOTE: Registered Agent signature required when reinstating)

**8/15/01**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 **P** ☒ Delete  
NAME **LICHTENBERGER, DANIEL**  
STREET ADDRESS **2000 NE 49 ST**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **MARYANN CAPUTO**  
STREET ADDRESS **1940 NE 49th STREET**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Maryann Caputo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/15/01**

Date

**(954) 571-6800**

Daytime Phone #

101 (F/01) 002282