MAY-17-2002 12:23 AM [redacted] 5/6

FILED
Jun 03, 2002 8:00 am
Secretary of State
05-06-2002 90066 010 ***150.00

34682

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069204

1. Entity Name

FT. PIERCE FAMILY MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
108 S 17th STREET FORT PIERCE FL 34950	108 S 17th STREET FORT PIERCE FL 34950

2. Principal Place of Business	3. Mailing Address
Street Address	Street Address
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0942566

5. Name and Address of Current Registered Agent

ALEX FERRAN
5578 NW 105 CT
MIAMI FLORIDA 33178

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

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 $150.00
After May 1, 2002 Fee will be $550.00
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

P
D
ARDAVIN, SEGUNDO DR.
1500 SW 66th CT #4
MIAMI FLORIDA 33144
☒ Delete

☐ Delete
☐ Delete
☐ Delete
☐ Delete
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #1

☐ Change ☐ Addition

P
ALEX FERRAN
5578 NW 105 CT
MIAMI FLORIDA 33178
☐ Change ☒ Addition

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR

Date