

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073266

1. Entity Name

FINANCIAL GROUP SERVICES, INC.

**FILED**  
Jun 07, 2000 8:00 am  
Secretary of State

05-10-2000 90102 021 \*\*\*150.00

Principal Place of Business

Mailing Address

175 FONTAINBLEAU BLVD.  
SUITE 1-A-4  
MIAMI FL 33172

175 FONTAINBLEAU BLVD.  
SUITE 1-A-4  
MIAMI FL 33172-4511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8323 N.W. 12TH STREET

3. Mailing Address

8323 N.W. 12TH STREET

Suite, Apt. #, etc.

#204 BEACON CENTRE

Suite, Apt. #, etc.

#204 BEACON CENTRE

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33124

Country

DADE

Zip

33124

Country

DADE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LECHASNEY, CHARLES D  
1140 GLENWOOD COURT  
WESTON FL 33328

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

04/26/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LECHASNEY, CHARLES D  
STREET ADDRESS 1140 GLENWOOD CT.  
CITY-ST-ZIP WESTON FL 33328 ☒ Delete

TITLE STD  
NAME PEREZ, ELIA  
STREET ADDRESS 1819 TORRINGTON RD.  
CITY-ST-ZIP AVON PARK FL 33825 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE PD  
NAME ALFREDO FERREIRO  
STREET ADDRESS 8323 NW 12th Street #204  
CITY-ST-ZIP Miami, FL 33126 ☐ Change ☒ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/00 (305) 7189414

CR2E034 (9/99)