

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90973 019 ***150.00

DOCUMENT # P99000076740

1. Entity Name
 First Financial Investment Corp.

Principal Place of Business
 5085 Monterey Lane
 Delray Beach, FL 33484

Mailing Address
 5085 Monterey Lane
 Delray Beach, FL 33484

C0059177

2. Principal Place of Business
 SAME

3. Mailing Address
 5085 Monterey Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Delray Beach, FL

Zip
 33484

Country
 USA

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
 Paul Parisi
 5085 Monterey Lane
 Delray Beach, FL 33484

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 Paul Parisi DATE 4/17/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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

TITLE	President	<input type="checkbox"/> Delete
NAME	PAUL PARISI	
STREET ADDRESS	5085 Monterey Lane	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Teddy Parisi	
STREET ADDRESS	5085 Monterey Lane	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Teddy Parisi	
STREET ADDRESS	5085 Monterey Lane	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul Parisi DATE 4/17/2001 DAYTIME PHONE # (561) 702-3361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)