

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

DOCUMENT # P990000767670
1. Entity Name First Advanced Investments



FILED

04 FEB 27 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment
24000437

1299

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 420 N 4th Street
Suite, Apt. #, etc.

3. Mailing Address 1075 Silver Bell Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Fort Myers FL
Zip 33462 Country FLM Beach

City & State Hollywood FL
Zip 33019 Country Broward

4. FEI Number 65-0946-878
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Paul Parisi
Street Address (P.O. Box Number is Not Acceptable) 2446 Coral Trace Place
City Delray Beach FL Zip Code 33445

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 Paul Parisi DATE 12/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

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 <u>P</u>	NAME <u>President Paul A. Parisi</u>	TITLE	NAME
STREET ADDRESS <u>2446 Coral Trace Place</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>Delray Beach FL 33445</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <u>VP</u>	NAME <u>Azra Dabach</u>	TITLE	NAME
STREET ADDRESS <u>1075 Silver Bell Street</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>Hollywood, FL 33019</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <u>S</u>	NAME <u>Belle Dabach</u>	TITLE	NAME
STREET ADDRESS <u>1075 Silver Bell Street</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>Hollywood, FL 33019</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <u>T</u>	NAME <u>Theodora S. Parisi</u>	TITLE	NAME
STREET ADDRESS <u>2446 Coral Trace Place</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>Delray Beach, FL 33445</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

01/09/04 90068 014 \$61.25
800029485478
02/27/04--01006--002 ***88.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Paul Parisi DATE 12/04/03 (561)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 305-3331