

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90198 028 \*\*\*150.00

**DOCUMENT #** P990000085868

1. Entity Name

F-C-M FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address  
 ATTN: BARBARA FOUST  
 3401 N.W. 202ND STREET  
 MIAMI GARDENS, FL 33056-1722

**24068423**

2. Principal Place of Business F-C-M FINANCIAL SERVICES, INC.

3. Mailing Address  
 Suite, Apt. #, etc.

3401 N.W. 202ND STREET

City & State  
 MIAMI GARDENS, FLORIDA

Zip  
 33056-1722

Country

Zip

Country

4. FEI Number  
 65-0961843

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

BARBARA FOUST  
 3401 N.W. 202ND STREET  
 MIAMI, FLORIDA 33056-1722

## 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

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

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00  
 Trust Fund Contribution. May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT BARBARA FOUST 3401 N.W. 202ND STREET MIAMI GARDENS, FL 33056-1722	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT FABIAN CONE 3350 N.W. 197TH STREET MIAMI GARDENS, FLORIDA 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY RONDRIETTA FOUST 3401 N.W. 202ND STREET MIAMI GARDENS, FLORIDA 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Barbara Foust*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA FOUST

4/8/2004

305-623-5109

Date

Daytime Phone #

CR20034 (9/99)