

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT

1. Entity Name
 F-C-M FINANCIAL SERVICES, INC.

999000085868

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Principal Place of Business -- Mailing Address
 3401 N.W. 202ND STREET

MIAMI GARDENS, FL
 33056-1722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0961843

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 Intan-
 gible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
 2000 Fee v MAY 1ST, 2005
 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 PRESIDENT
 NAME BARBARA FOUST
 STREET ADDRESS 3401 NW 202ND STREET
 CITY - ST - ZIP MIAMI GARDENS, FLORIDA 33056-1722

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change

Addition

TITLE VICE-PRESIDENT
 NAME FABIAN CONE
 STREET ADDRESS 3370 NW 197TH TERRACE
 CITY - ST - ZIP MIAMI, FLORIDA 33056

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change

Addition

TITLE TREASURER
 NAME RONDRIETTA FOUST
 STREET ADDRESS 2447 CENTERGATE DRIVE #207
 CITY - ST - ZIP MIRAMAR, FLORIDA 33025

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change

Addition

TITLE SECRETARY
 NAME PATRICIA CONE MILLER
 STREET ADDRESS 3605 NW 181ST STREET
 CITY - ST - ZIP MIAMI GARDENS, FLORIDA 33056

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change

Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change

Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

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)(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 A. Foust

4/19/2005

305-623-5109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20030001