

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

ATX1

<b>DOCUMENT #</b> <i>899000085868</i>	
<b>1. Entity Name</b>	
F-C-M FINANCIAL SERVICES, INC.	

**FILED**

09 JUN -9 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*04/28/09 - 01046-020-15000*  
DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3401 N.W. 202ND STREET		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI GARDENS, FL		<b>City &amp; State</b>	
<b>Zip</b> 33056	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 65-0961843	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b>	<i>BARBARA FOUST</i>
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <i>3401 N.W. 202ND STREET</i>	
<b>City</b>	<i>MIAMI GARDENS</i>
<b>State</b>	<i>FL</i>
<b>Zip Code</b>	<i>33056</i>

**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**

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

**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** ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> BARBARA FOUST 3401 N.W. 202ND STREET MIAMI GARDENS, FLORIDA 33056	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<i>500153353545</i> <i>04/28/09 - 01046-020-150.00</i>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE- PRESIDENT</b> FABIAN CONE 3370 N.W. 197TH TERRACE MIAMI GARDENS, FLORIDA 33056	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> PATRICIA CONE 3605 N.W. 181ST STREET MIAMI GARDENS, FLORIDA 33056	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> RONDRIETTA FOUST MIRAMAR, FLORIDA 33023	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Barbara Foust*

BARBARA FOUST - PRESIDENT

4/22/2009

305-623-5109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #