

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90013 001 ***150.00

DOCUMENT # V26089

1. Entity Name

FFN, INC.

Principal Place of Business

GREENBERG COTTEN & CO.
11790 S.W. 89 STREET
MIAMI FL 33186-2166
US

Mailing Address

GREENBERG COTTEN & CO.
11790 S.W. 89 STREET
MIAMI FL 33186-2165
US

A0022050



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *Wald, Greenberg, Cohen, Schniders Co 9700 So Dixie Hwy, Suite 900*

Suite, Apt. #, etc.

900

3. Mailing Address *Wald, Greenberg, Cohen, Schniders Co 9700 So Dixie Hwy, Suite 900*

Suite, Apt. #, etc.

900

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-0330971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, LEON J ESQ
BERMAN WOLFE & RENNERT, P.A.
100 S.E. SECOND STREET, STE. 3500
MIAMI FL 33131

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WEINSTEIN, STANLEY**
STREET ADDRESS **C/O GREENBERG, LOHENA COMPANY**
CITY-ST-ZIP **MIAMI FL 33186-2166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *C/O Wald, Greenberg, Cohen, Schniders Co.*
CITY-ST-ZIP *9700 So. Dixie Hwy, Suite 900, Miami, FL 33156*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)