

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90102 001 *****8.75
 04-20-2001 90102 002 ***150.00

68396

DOCUMENT # P96000070576
 1. Entity Name
 FINESTRA REAL ESTATE DEVELOPMENT CORP. ✓

Principal Place of Business: 5301 N. Federal Highway Suite 130 Boca Raton, FL 33487
 Mailing Address: 5301 N. Federal Highway Suite 130 Boca Raton, FL 33487

2. Principal Place of Business: 1623 Alton Road Suite, Apt. #, etc.
 3. Mailing Address: 1623 Alton Road Suite, Apt. #, etc.

City & State: Miami Beach, FL
 City & State: Miami Beach, FL
 Zip: 33139 Country: Miami-Dade
 Zip: 33139 Country: Miami-Dade

4. FEI Number: 11-3337432 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
~~Michael P. Gable~~
 4000 Hollywood Blvd.
 Suite 735 South Tower
 Hollywood, FL 33021-6755

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: *Michael P. Gable* Michael P. Gable, Registered Agent 4/6/01
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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	Mark Kottler	
STREET ADDRESS	5301 N. Federal Highway, #130	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas M. Kann	
STREET ADDRESS	5700 Collins Avenue, Apt. 8H	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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: *Thomas M. Kann* Thomas M. Kann, President 4/6/01 305-866-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #