

AMENDED

# 2601 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070576

1. Entity Name

**FINESTRA REAL ESTATE DEVELOPMENT CORP.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 09/28/01 SEP-28 PM 3:47

68396

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

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

DO NOT WRITE IN THIS SPACE

City & State Miami Beach, FL	City & State Miami Beach, FL	4. FEI Number 11-3337432	Applied For Not Applicable
Zip 33139	Country Miami-Dade	Zip 33139	Country Miami-Dade
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Michael P. Gable 4000 Hollywood Blvd. Suite 735 South Tower Hollywood, FL 33021-6755		Name Street Address (P.O. Box Number is Not Acceptable) City    FL      Zip Code	

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
LE ME STREET ADDRESS Y-ST-ZIP <input checked="" type="checkbox"/> Delete	D Mark Kottler 5301 N. Federal Highway, #130 Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D/P/S/T Thomas M. Kann 5700 Collins Avenue, Apt. 8H Miami Beach, FL 33140
LE ME STREET ADDRESS Y-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Vice President Rainer N. Filthaut 4901 Tamiami Trail North Naples, FL 34103-3010
LE ME STREET ADDRESS Y-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS Y-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS Y-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (11/00)

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*Handwritten signature/initials*

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 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      9/18/01      305-866-0123  
Signature and typed or printed name of signing officer or director      Date      Daytime phone #