

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90165 028 ***150.00

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1. Entity Name
FINESTRA REAL ESTATE DEVELOPMENT CORP.

Principal Place of Business Mailing Address
1623 ALTON RD
MIAMI FL 33139

**DEPARTMENT OF STATE
 FOR DEPOSIT ONLY**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4901 Tamiami Trail N. **4901 Tamiami Trail N.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Naples, FL **Naples, FL**
 Zip Country Zip Country
34103 **Collier** **34103** **Collier**

4. FEI Number **11-3337432** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GABLES, MICHAEL P
4000 HOLLYWOOD BLVD.
SUITE 735 SOUTH TOWER
HOLLYWOOD FL 33021-6755

7. Name and Address of New Registered Agent

Name **U.S. Investor Services, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
4901 Tamiami Trail North
 City **Naples** FL Zip Code **34103**

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]* *R. Filthaut* *1-17-02*
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPST	KANN, THOMAS M 5700 COLLINS AVE APT.#8H MIAMI BEACH FL 33140		
V	FILTHAUT, RAINER N 4901 TAMIAMII TRAIL NORTH NAPLES FL 34103-3010		

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]* *1-17-02* *941-213-4000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/01/02 09:01