

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035503

1. Entity Name

FINE ARCHITECTURAL MILLWORK & SHUTTERS, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90070 010 \*\*\*150.00

Principal Place of Business

Mailing Address

810 N.W. 57TH COURT  
 FORT LAUDERDALE FL 33309

810 N.W. 57TH COURT  
 FORT LAUDERDALE FL 33309-2034

2. Principal Place of Business

3. Mailing Address

800 NW 57TH PLACE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0761169

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

33309

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SVOPA, RICHARD T JR.  
 810 N.W. 57TH COURT  
 FORT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

800 NW 57TH PLACE

City

FT LAUDERDALE

FL

Zip Code

33309

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME D  
 STREET ADDRESS SVOPA, RICHARD T JR.  
 CITY-ST-ZIP 810 N.W. 57TH COURT  
 FORT LAUDERDALE FL 33309

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 800 NW 57TH PLACE  
 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

954 491-2055

Daytime Phone #

CR2E034 (9/99)