

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043553

1. Entity Name  
**FINE ART FRAMING, INC.**

**FILED**  
**May 21, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90003 020 \*\*\*150.00

Principal Place of Business      Mailing Address  
1160 NW 163RD DRIVE      1160 NW 163RD DRIVE  
MIAMI FL 33169      MIAMI FL 33169-5816



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0844141**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**COBER CORPORATE AGENTS, INC.**  
**2601 SOUTH BAYSHORE DRIVE 19TH FLOOR**  
**MIAMI FL 33133**

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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> <b>MOLINA, ALBERT</b>	NAME	
STREET ADDRESS	<b>1160 NW 163RD DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> <b>SLATON, MICHAEL</b>	NAME	
STREET ADDRESS	<b>1160 NW 163RD DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> <b>SANDS, STEVE</b>	NAME	
STREET ADDRESS	<b>1160 NW 163RD DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: STEVE SANDS      Date: 4/27/00      Daytime Phone #: 305-625-8644

CR2E034 (9/99)