

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90113 033 ***150.00

DOCUMENT # P98000043553

1. Entity Name
FINE ART FRAMING, INC.



Principal Place of Business
**1150 N.W. 163 DRIVE
MIAMI, FL 33169**

Mailing Address
**1150 N.W. 163 DRIVE
MIAMI, FL 33169**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0844141**

Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**COBER CORPORATE AGENTS, INC.
2801 SOUTH BAYSHORE DRIVE 19TH FLOOR
MIAMI, FL 33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE



9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MOLINA, ALBERT	
STREET ADDRESS	1150 N.W. 163 DRIVE	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	SLATON, MICHAEL	
STREET ADDRESS	1150 N.W. 163 DRIVE	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	SANDS, STEVE	
STREET ADDRESS	1150 N.W. 163 DRIVE	
CITY-ST-ZIP	MIAMI, FL 33169	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE:

Michael W. Slaton

SIGNATURE AND TYPED NAME OF REGISTERING OFFICER OR DIRECTOR

6/5/03

305-625-8644

Daytime Phone #

CR2034 (10/02)

FINE ART FRAMING, INC

1150 NW 163RD Drive, Miami, FL 33169 (305) 625-8644

Attachment

90139109

June 5, 2003

Dept of State
UBR, Div of Corp
PO Box 1500
Tallahassee, FL 32302-1500

Re: UBR 2003 - P98000043553

Dear Sir or Madam:

Enclosed is the UBR 2003 filing & payment. We are requesting that you waive all late fee filings, as our records show no receipt of this form through the mail.

Sincerely,



Howard Podber
Controller