

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 268350

1. Entity Name

FINE SALES CORP., OF FLORIDA.

Principal Place of Business

5240 N.W. 167TH STREET
P O BOX 1626
HIALEAH FL 33014

Mailing Address

5240 N.W. 167TH STREET
P O BOX 1626
HIALEAH FL 33014

2. Principal Place of Business

11400 N.W. 32 AVE.

Suite, Apt. #, etc.

3. Mailing Address

11400 N.W. 32 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

59-0999825

Applied For

Not Applicable

Zip

33167

Country

DADE

Zip

33167

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINE HENRY

5240 N.W. 167 STREET
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name

THOMAS J. IRVINE

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

11400 N.W. 32 AVE.

City

MIAMI

FL

Zip Code

33167

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

THOMAS J. IRVINE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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, 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

11. OFFICERS AND DIRECTORS

TITLE ☒ Delete

PD
FINE HENRY
5240 N.W. 167 STREET
HIALEAH FL

TITLE ☒ Delete

D
FINE JEFFREY
5240 N.W. 167 STREET
HIALEAH FL

TITLE ☐ Delete

S
STEINBERG, FERNA
5240 N.W. 167 STREET
HIALEAH FL

TITLE ☐ Delete

VD
IRVINE, THOMAS
5240 NW 167 ST
HIALEAH FL

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

S
STEINBERG, FERNA
11400 N.W. 32 AVE.
MIAMI, FL. 33167

TITLE ☒ Change ☐ Addition

PD
IRVINE, THOMAS J.
11400 N.W. 32 AVE.
MIAMI, FL. 33167

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J. IRVINE

Date

4/27/01

Daytime Phone #

305-688-2250