

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 586575

1. Entity Name

FINLAY'S IMPORT-EXPORT, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90076 012 ***150.00

Principal Place of Business

8700 NORTHWEST 7 AVENUE
 MIAMI FL 33179

Mailing Address

8700 NORTHWEST 7 AVENUE
 MIAMI FL 33150-2302
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1849620**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, ROY L.
 14 NE 1ST AVE., #603 #601
 MIAMI FL 33132

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 _____

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	PD	<input type="checkbox"/> Delete
NAME	FINLAY, LLOYD	
STREET ADDRESS	1050 NW 93RD AVE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FINLAY, WENDY	
STREET ADDRESS	9571 W. DAFFODIL LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLACEY, KAREN	
STREET ADDRESS	121 N 63 AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Wendy Finlay Wendy Finlay
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 29, 2000
 Date

305-687-1632
 Daytime Phone #

CR2E034 (9/99)