2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002711

1. Entity Name
FINE LINE IMPORTERS, LTD.

Principal Place of Business
1111 BRICKELL BAY DR., #3011
MIAMI FL 33131

Mailing Address
1111 BRICKELL BAY DR., #3011
MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		**DUE BY MAY 1, 2003**
City & State	City & State		4. FEI Number **65-0801826**	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
LAVIN, ALEXANDRE 1111 BRICKELL BAY DR., #3011 MIAMI FL 33131	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.   DATE

9. Capital Contributions as Shown on record. **$60,000.00**	10. Amount of Capital Contributions in FLORIDA to date.	11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE** SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # P97000098864 NAME LAVIN, ALEXANDRE STREET ADDRESS 1111 BRICKELL BAY DR., STE #3011 CITY-ST-ZIP MIAMI FL 33131	STREET ADDRESS 400015462961 04/24/03--01052--001 **420.00 CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 400015462964 04/08/03--01031--022 **88.75 CITY-ST-ZIP
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/-3/03   740 7070
Date   Daytime Phone #