

2001 UNIFORM BUSINESS REPORT (UBR)

0013251 AF

DOCUMENT # A98000000351

1. Entity Name

FINS RAW BAR & GRILL, LTD.

FILED
01 APR 26 PM 5:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6767 NORTH WICKHAM ROAD, SUITE 400 6767 NORTH WICKHAM ROAD, SUITE 400
MELBOURNE FL 32940 MELBOURNE FL 32940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3494754		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
POORE, DAVID W 6767 NORTH WICKHAM ROAD, SUITE 400 MELBOURNE FL 32940				Name: H.L. BUZ UNDERILL Street Address (P.O. Box Number is Not Acceptable) 490 HARBOR CITY BLVD City: MELBOURNE FL Zip Code: 32935			

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: *David W. Poore* DATE: 4-20-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	\$200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	SAME	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P98000006337	STREET ADDRESS	3000004194313--2
NAME	SEBASTIAN FINS, INC.	CITY-ST-ZIP	-05/10/01--01116--012
STREET ADDRESS	6767 NORTH WICKHAM ROAD, SUITE 400		****526.25 ****526.25
CITY-ST-ZIP	MELBOURNE FL 32940		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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: *Sebastian Fins* DATE: 4-20-01 DAYTIME PHONE: 242-2224

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER)

CR2E003 (11/00)