

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003435

1. Entity Name

FINETEST, INC

FILED

Sep 20, 2000 8:00 am  
Secretary of State

09-20-2000 90003 016 \*\*\*550.00

Principal Place of Business  
3 HARDGROVE GRADE, STE 2  
PALM COAST FL 32137

Mailing Address  
3 HARDGROVE GRADE  
PALM COAST FL 32137

2. Principal Place of Business  
3 HARDGROVE GRADE

3. Mailing Address  
3 HARDGROVE GRADE

Suite, Apt. #, etc.  
SUITE 2

Suite, Apt. #, etc.  
SUITE 2

DO NOT WRITE IN THIS SPACE

City & State  
PALM COAST FL

City & State  
PALM COAST FL

4. FEI Number  
94 3121908

Applied For  
Not Applicable

Zip  
32137

Country  
US

Zip  
32137

Country  
US

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

ANDREW G NATELSON  
412 S CENTRAL AVENUE  
P O BOX 307  
FLAGLER BEACH FL 32136

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P, S, D, T MOISE N HAMAOU 13068 ANZA DRIVE SARASOTA CA 95070	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 *Moise Hamaoui* MOISE HAMAOU  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 5, 00

Daytime Phone #