## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## **DOCUMENT # G09187** May 03, 2000 8:00 am Secretary of State 1. Entity Name FINTELL, INCORPORATED 05-03-2000 90074 013 \*\*\*150.00 Mailing Address Principal Place of Business % ARTHUR RUBINSTEIN % ARTHUR RUBINSTEIN 9285 NW 14TH COURT 9285 NW 14TH COURT CORAL SPRINGS FL 33071-6046 CORAL SPRINGS FL 33071 ., 5" \$ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2236637 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUBINSTEIN, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 9285 NW 14TH COURT CORAL SPRINGS FL 33071 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE THUE Delete RUBINSTEIN. ARTHUR NAME NAME STREET ADDRESS STREET ADDRESS 9285 NW 14TH COURT CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE RUBINSTEIN, ARTHUR NAME NAME STREET ADDRESS STREET ADDRESS 9285 NW 14TH COURT CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL --- - Change -- - Addition Delete -TITL F TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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