2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H27919** Jan 12, 2000 8:00 am **Secretary of State** FINE EXPRESSIONS, INC. 01-12-2000 90092 002 ***150.00 Mailing Address Principal Place of Business C/O CHANDRAKANT GADHVI C/O CHANDRAKANT GADHVI 4889 COCONUT CREEK PARKWAY 4889 COCONUT CREEK PARKWAY COCONUT CREEK FL 33063-3944 COCONUT CREEK FL 33063-3944 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2467267-Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GADHVI, JAY Street Address (P.O. Box Number is Not Acceptable) 4889 COCONUT CREEK PARKWAY **COCONUT CREEK FL 33063** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed nation 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 11. OFFICERS AND DIRECTORS 12. PDF# PD ☐ Delete TITLE TITLE GADHVÍ CHANDRAKANT NAME NAME GADHVI, RANDHIR 4889 COCONUT CREEK PKMY STREET ADDRESS STREET ADDRESS 39 HIGH ST.COLLIERS WOOD COCONUT CREEK F1, 33063 CITY-ST-ZIP CITY-ST-ZIP LONDON SW 19.ENGLAND TITLE Delete TITLE GADHVI RANDHIR 39 HIGH ST. COLLIERS WOOD STD NAME NAME GADHVI, JAY STREET ADDRESS STREET ADDRESS **4889 COCONUT CREEK PKY** DONDON S.W.19. Ensland CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Defete TITLE 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 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Directors

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

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