

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90093 008 ***150.00

DOCUMENT # H27919

1. Entity Name

FINE EXPRESSIONS, INC.

Principal Place of Business

Mailing Address

C/O CHANDRAKANT GADHVI
4889 COCONUT CREEK PARKWAY
COCONUT CREEK FL 33063-3944

C/O CHANDRAKANT GADHVI
4889 COCONUT CREEK PARKWAY
COCONUT CREEK FL 33063-3944

2. Principal Place of Business

3. Mailing Address

4889 Coconut Creek Pkwy
Coconut Creek FL 33063
Suite, Apt. #, etc.

Same as above
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

City & State

4. FEI Number

59-2467267

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

GADHVI, JAY
4889 COCONUT CREEK PARKWAY
COCONUT CREEK FL 33063

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	PD GADHVI, RANDHIR 39 HIGH ST, COLLIERS WOOD LONDON SW 19, ENGLAND	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GADHVI, JAY 39 HIGH ST. COLLIERS WOOD COCONUT CREEK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GADHVI, CHANDRAKANT 4889 COCONUT CREEK PKWY COCONUT CREEK FL 33063	<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

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: Jay Gadhi **JAY GADHVI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 (954) 973-2466
Date Daytime Phone #

0402486

CR2E034 (10/00)