

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K09391

1. Entity Name

FINE CAPITAL MANAGEMENT GROUP, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90143 018 ***150.00

Principal Place of Business

Mailing Address

C/O NORMAN D. FINE
2000 GLADES ROAD, SUITE 204
BOCA RATON FL 33431

C/O NORMAN D. FINE
2000 GLADES ROAD, SUITE 204
BOCA RATON FL 33431-8504

2. Principal Place of Business

3. Mailing Address

C/O Steinberg Global
Suite, Apt. #, etc.
1951 NW 19th Street, SUITE 100

C/O Steinberg Global
Suite, Apt. #, etc.
1951 NW 19th Street, SUITE 100

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33431

Country
USA

Zip
33431

Country
USA

4. FEI Number 65-0020880 Applied For Not Applicable

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

FINE, NORMAN D.
2000 GLADES ROAD
SUITE 204
BOCA RATON FL 33431

Name Norman D. Fine
Street Address (P.O. Box Number is Not Acceptable)
1951 NW 19th Street SUITE 100
City BOCA RATON FL Zip Code 33431

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 *Norman D. Fine* DATE 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (If not E. 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	DP FINE, NORMAN D. 2000 GLADES ROAD, #204 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STEINBERG, RICHARD D. 2000 GLADES RD, SUITE 204 BOCA RATON FL 33431	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition - 1951 NW 19th Street, SUITE 100 BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1951 NW 19th Street, SUITE 100 BOCA RATON FL 33431
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

561-750-0800

Daytime Phone #

CR2E034 (9/99)