

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L990000006629

1. Entity Name

FINEVEST MANAGEMENT SERVICES LLC

00 MAY -3 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
5781 SW 116 STREET 5781 SW 116 ST  
Coral Gables, FL Coral Gables, FL  
33156 33156

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0960182 Applied For Not Applicable  
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
DAVID R. GARCIA  
5781 SW 116 Street  
Coral Gables, FL 33156

7. Name and Address of New Registered Agent  
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 David R. Garcia, Manager 4/30/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
President JULIA H. GARCIA 5781 SW 116 Street Coral Gables, FL 33156  
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10. ADDITIONS/CHANGES  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
President/MANAGER/MEMBER JULIA H. GARCIA 5781 SW 116 Street Coral Gables, FL 33156  
MANAGER/MEMBER DAVID R. GARCIA 5781 SW 116 Street Coral Gables, FL 33156  
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Julia Garcia 4/30/00 (305) 669-0215  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)