2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018242

1. Name of Business

FINE FINISHINGS CORPORATION

APPROVED AND FILED

02 APR 26 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12465 NW 18TH COURT MIAMI FL 33167	12465 NW 18TH COURT MIAMI FL 33167

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

4. FEI Number

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ROBERT
12465 NW 18TH COURT
MIAMI FL 33167

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not Acceptable)

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: Signature, typed or printed name of registered agent, and title if applicable — DATE — Registered Agent signature required (effective 1/1/98)

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 Fee

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS BROWN, ROBERT 12465 NW 18TH COURT MIAMI FL 33167	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LONGMIRE, REGINA 12465 NW 18TH COURT MIAMI FL 33167	☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Kevin Johnson 775 NW 198 Street Miami Fl 33169	☐ Change X Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200005482372--7 -05/07/02--01094--006 ****150.00 ****150.00	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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 a director or officer 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 12 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Brown 8/8/01

SIGNATURE AND TYPED OR PRINTED NAME OF E.D. SIGNING OFFICER OR DIRECTOR