

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90134 032 ***150.00

DOCUMENT # P00000042356
1. Entity Name
 FANCIFUL FINISHES, INC. ✓

Principal Place of Business **Mailing Address**
 6355 PINEHURST CL. 6355 PINEHURST CIRCLE
 TAMARAC FL TAMARAC FL 33321
 33321

2. Principal Place of Business **3. Mailing Address**
 6355 PINEHURST CL. 6355 PINEHURST CL.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 TAMARAC, FL TAMARAC, FL
Zip **Country** **Zip** **Country**
 33321 BROWARD 33321 BROWARD

4. FEI Number **Applied For**
 65-1020807 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LOUIS A. CALZADILLA JENNIFER PIEDRA
 6355 PINEHURST CL. 5394 SW 19 AVE
 TAMARAC FL 33321 COOPER CITY FL 33330

7. Name and Address of New Registered Agent
Name JOEL SANDERS
Street Address (P.O. Box Number is Not Acceptable) 1535 NORTH PARK DRIVE, SUITE 103
City WESTON **FL** **Zip Code** 33326

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 LOUIS CALZADILLA P.D. **DATE** 4/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	PRESIDENT
STREET ADDRESS	CALZADILLA LUIS A.
CITY-ST-ZIP	6355 PINEHURST CL TAMARAC FL 33321
TITLE	<input type="checkbox"/> Delete
NAME	TD
STREET ADDRESS	HERNANDEZ, FERNANDA
CITY-ST-ZIP	6355 PINEHURST CL TAMARAC FL 33321
TITLE	<input type="checkbox"/> Delete
NAME	SD
STREET ADDRESS	CALZADILLA LUIS M.
CITY-ST-ZIP	6355 PINEHURST CL TAMARAC FL 33321
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 LOUIS CALZADILLA P.D. **DATE** 4/23/01 **Daytime Phone #** 954 726 8513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)