

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-10-2003 90153 023 ***150.00

0291136 AV

DOCUMENT # P01000119280

1. Entity Name
FINE-LINE FABRICS, INC.



Principal Place of Business
**8925 NW 26 STREET
MIAMI FL 33172**

Mailing Address
**8925 NW 26 STREET
MIAMI FL 33172**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-0554740**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DINER, MANUEL
141 NE 3 AVE STE 601
MIAMI FL 33132**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GROBLER, SERGIO**
STREET ADDRESS **8925 NW 26 STREET**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

4-25-03 305-576-7674

CR2E034 (10/02)

FINE LINE FABRICS, INC. Name: FLORIDA DEPARTMENT OF STATE

2475

Invoice	Ref	Inv Date	Inv Amt	Discount	Adj Amt	Amt Paid
02		04/02/03	150.00	0.00	0.00	150.00

Attachment

SSQ81798
PO1000119280

Acct: 11010-000-0000)

Check Date 04/02/03

Total

150.00

**FINE LINE
FABRICS, INC.**

FINE LINE FABRICS, INC.
8825 N.W. 28 STREET
MIAMI, FL 33172

TEL (305) 878-7874 • FAX (305) 878-9583

One Hundred Fifty & No/100 Dollars

UNION PLANTERS BANK

63-841/670
BRANCH 8243F

2475

2475

DATE

AMOUNT

04/02/03

\$150.00

FLORIDA DEPARTMENT OF STATE

P.O. Box 1500

TALLAHASSEE, FL 32302-1500

PO1000119280

AUTHORIZED SIGNATURE

⑈002475⑈ ⑆067008414⑆ ⑈9660241606⑈

FINE LINE FABRICS, INC.

2475

This check was mailed on 4/2/03