

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90172 039 ***150.00

DOCUMENT # P02000035843

1. Entity Name
FINE INK, INCORPORATED



Principal Place of Business
**4300 NW 19TH ST APT 212-I
LAUDERHILL FL 33313**

Mailing Address
**4300 NW 19TH ST APT 212-I
LAUDERHILL FL 33313**



2. Principal Place of Business

3. Mailing Address

4301 NW 18th street

P.O. Box 490753

Suite, Apt. #, etc.

Suite, Apt. #, etc.

0-310

☐ CHECK HERE IF MAKING CHANGES

City & State
LAuderhill FL

City & State
Ft Lauderdale FL

4. FEI Number

Applied For

☒ Not Applicable

Zip Country
33313 U.S.A

Zip Country
33349 U.S.A

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

**MARTIN, CARL
4300 NW 19TH ST APT 212-I
LAUDERHILL FL 33313**

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 ☐ Delete
NAME **D**
STREET ADDRESS **MARTIN, CARL**
CITY-ST-ZIP **4300 NW 19TH ST APT 212-I
LAUDERHILL FL 33313**

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

TITLE ☐ Delete
NAME
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/15/03** Daytime Phone # **754-424 8181**

CR2E034 (10/02)