

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90306 050 \*\*\*150.00

**DOCUMENT # P02000037249**



1. Entity Name  
**FINAMOR DESIGN GROUP, INC.**

Principal Place of Business  
**5976 20TH STREET, #231  
VERO BEACH FL 32966**

Mailing Address  
**5976 20TH STREET, #231  
VERO BEACH FL 32966**

2. Principal Place of Business  
**3399 63rd Square**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Vero Beach, FL**

City & State

4. FEI Number  
**01 0656916**

Applied For  
 Not Applicable

Zip Country  
**32966 USA**

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

**PEREZ, LUIS  
2627 NW 33RD STREET APT 2211  
OAKLAND PARK FL 33309**

Name **Perez, Luis**  
Street Address (P.O. Box Number is Not Acceptable)  
**3399 63rd Square**  
City **Vero Beach** FL Zip Code **32966**

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

(NOTE: Registered Agent signature required when reinstating)

**04-21-03**  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PEREZ, LUIS	2627 NW 33RD STREET APT 2211	OAKLAND PARK FL 33309	<input type="checkbox"/>
D	MCWEBB, SCOTT B	2627 NW 33RD STREET APT 2211	OAKLAND PARK FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D, P	Perez, Luis	3399 63rd Square	Vero Beach, FL 32966	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D, T, S	McWebb, Scott B.	3399 63rd Square	Vero Beach, FL 32966	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-03**

**772-778-7818**

Date Daytime Phone #

CR2E034 (10/02)