

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

REJECTED
06-09-2003 90121 021 ***550.00
P02000109581

DOCUMENT # P02000109581

1. Entity Name
FINISHING TOUCHES & NECESSARY OBJECTS INC.



FILED

03 SEP 17 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4289 NW 63RD PLACE
BOCA RATON FL 33496

Mailing Address
4289 NW 63RD PLACE
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

161633446

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCHNITZER, GERALD S
2455 EAST SUNRISE BLVD.
#502
FORT LAUDERDALE FL 33304

Gail Packman Steinberg

7. Name and Address of New Registered Agent

Name
Gail Packman Steinberg

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

4289 N.W. 63rd Place

Boca Raton

FL

Zip Code
33496

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

Gail Packman Steinberg

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
PACKMAN-STEINMAN, GAIL
4289 NW 63RD PLACE
BOCA RATON FL 33496
Gail Packman Steinberg

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Gail Packman Steinberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/03

Date

561 999 0336

Daytime Phone

CR2E034 (10/02)