

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016111

1. Entity Name

FINS AND TALES, INC.

Principal Place of Business

*9052 GRAND CANAL DR.
MIAMI, FL 33174*

Mailing Address

*9052 GRAND CANAL DR.
MIAMI, FL 33174*

2. Principal Place of Business

1731 Red CEDAR DR.

3. Mailing Address

2588 SW 27th Ave.

Suite, Apt. #, etc.

Apt. #13

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

MIAMI, FL

Zip

Country

33907

Zip

33133

Country

4. FEI Number

65-0470282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

553251

6. Name and Address of Current Registered Agent

SUESCUN, Alex

NEW ADDRESS

9052 GRAND CANAL DR. / 1731 Red CEDAR DR.

MIAMI, FL 33174

Apt. #13

*Fort Myers,
FL 33907*

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *PTD*
NAME *SUESAN, Alex* ☐ Delete
STREET ADDRESS *9052 GRAND CANAL DR.*
CITY-ST-ZIP *MIAMI, FL 33174*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME *SUESCUN, Alex*
STREET ADDRESS *1731 Red CEDAR DR. #13*
CITY-ST-ZIP *Fort Myers, FL 33907*

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

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

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

305-389-9367

Daytime Phone #