

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000022448** ✓

1. Entity Name

*T. CURTSNOC FINE ARTS, INC.*

Principal Place of Business

Mailing Address

*859 NE 125th.  
N. Miami, FL 33161*

2. Principal Place of Business

3. Mailing Address

*1325 NE 119th.*

*1100 E. 16th.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*N. Miami Florida*

City & State

*Chattanooga TN*

Zip

Country

Zip

Country

*33161*

*DADE*

*37408*

*Hamilton*

4. FEI Number

*65-0567852*

Applied For

Not Applicable

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

Name *Pamela HENRY*

Street Address (P.O. Box Number is Not Acceptable)  
*1325 NE 119th.*

City *N. Miami*

FL

Zip Code *33161*

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

*Pamela Henry*

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

(NOTE: Registered Agent signature required when reinstating)

*3/26/01*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
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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:

*Pamela Henry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/26/01*

Date

Daytime Phone #

C0042899

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)