## **2001 UNIFORM BUSINESS REPORT (UBR)**

of the corporation or the receive changed, or on an attachment

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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 08, 2001 8:00 am DOCUMENT # **P96000029540 Secretary of State** FINLAY REALTY HOLDINGS CORPORATION 02-08-2001 90063 014 \*\*\*150.00 Principal Place of Business Mailing Address 5752 PROGRESS ROAD 5752 PROGRESS ROAD SOUTH MIAMI FL 33143 SOUTH MIAM! FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0654147 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent FINLAY, SCOTT T Street Address (P.O. Box Number is Not Acceptable) 5752 PROGRESS ROAD **SOUTH MIAMI FL 33143** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Delete TITLE ☐ Change TITLE FINLAY, SCOTT T NAME NAME STREET ADDRESS 5752 PROGRESS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTH MIAMI FL 33143 TITLE . TITLE [ ] Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE TITLE 1 Change noitibbA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nis fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information use and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered. 13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true report is tru