

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000033815**

1. Entity Name

FINE EQUINES, INC.**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90235 025 ***150.00

Principal Place of Business

**105 S. LAUREL DRIVE
MARGATE FL 33063**

Mailing Address

**105 S. LAUREL DRIVE
MARGATE FL 33063**

2. Principal Place of Business

4755 NW 76th St

3. Mailing Address

4755 NW 76th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEI Number

65-0669133

Applied For

Not Applicable

Zip

Country

33073

Zip

Country

330735. 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

COHEN, ELIZABETH**105 S LAUREL DR
MARGATE FL 33063**

Name

Cohen, Elizabeth

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

4755 NW 76th St

City

Coconut Creek

FL

Zip Code

33073

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **COHEN, ELIZABETH E**
STREET ADDRESS **105 S. LAUREL DRIVE**
CITY-ST-ZIP **MARGATE FL 33063**TITLE ☐ Change ☐ Addition
NAME **Cohen, Elizabeth E**
STREET ADDRESS **4755 NW 76th St**
CITY-ST-ZIP **Coconut Creek, FL 33073**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

CP2E034 (10/00)