

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90165 028 ***150.00

0224336 AV

DOCUMENT # P96000070576

1. Entity Name

FINESTRA REAL ESTATE DEVELOPMENT CORP.

Principal Place of Business

**1623 ALTON RD
 MIAMI FL 33139**

Mailing Address

**1623 ALTON RD
 MIAMI FL 33139**

**DEPARTMENT OF STATE
 FOR DEPOSIT ONLY**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4901 Tamiami Trail N.
 Suite, Apt. #, etc.

3. Mailing Address

4901 Tamiami Trail N.
 Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

11-3337432

Applied For

☐ Not Applicable

Zip

34103

Country

Collier

Zip

34103

Country

Collier

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GABLES, MICHAEL P
 4000 HOLLYWOOD BLVD.
 SUITE 735 SOUTH TOWER
 HOLLYWOOD FL 33021-6755**

7. Name and Address of New Registered Agent

Name
U.S. Investor Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
4901 Tamiami Trail North
 City
Naples FL Zip Code
34103

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]

R. Filthaut

1-17-02

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, 2002 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 ☐ Delete
 NAME **DPST KANN, THOMAS M**
 STREET ADDRESS **5700 COLLINS AVE APT.#8H**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
 NAME **V FILTHAUT, RAINER N**
 STREET ADDRESS **4901 TAMAMIAMI TRAIL NORTH**
 CITY-ST-ZIP **NAPLES FL 34103-3010**

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
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02

Date

941-213-4000

Daytime Phone #

11/07/02 09:00:00