

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90002 050 \*\*\*150.00

**DOCUMENT # P97000024149**

1. Entity Name

**FANCY ISLAND, INC.**

Principal Place of Business

210-174 ST  
 1409  
 SUNNY ISLES BEACH FL 33160  
 US

Mailing Address

210-174 ST  
 1409  
 SUNNY ISLES BEACH FL 33160  
 US

2. Principal Place of Business

210-174 St., #1009

Suite, Apt. #, etc.

Sunny Isles Beach,

City & State

Florida,

Zip  
 33160

Country  
 usa

3. Mailing Address

210-174 St., #1009

Suite, Apt. #, etc.

Sunny Isles Beach

City & State

Florida

Zip  
 33160

Country  
 USA

**533251**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0742957**

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

KOBRIN, LEV  
 210-174 ST  
 1409  
 SUNNY ISLES BEACH FL 33160

Name

Kobrin, LEV

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

210-174 Street

Apt. 1009

City

Sunny Isles Beach

FL

Zip Code

33160

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

*LEV Kobrin*

LEV Kobrin, President

04/12/01

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PDS  
 KOBRIN, LEV  
 210-174 ST 1409  
 SUNNY ISLES BEACH FL 33160 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PDS  
 KOBRIN, LEV  
 210-174 St., Apt. 1009  
 Sunny Isles Beach, FL 33160 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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:

*LEV Kobrin*

04/12/01

305-308-8114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)