

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91218 022 ***150.00

DOCUMENT # **P97000093171 (1)**

1. Entity Name

FINATIZ Record inc.

Principal Place of Business

Mailing Address

P.O. Box 693447
Miami FL 33269-0447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0798678

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

ADD 04/781

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ian Johnson
311 N.W. 10th Terr
Hallandale FL 33009

Name

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

City

FL

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

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 **Pres** ☐ Delete
 NAME **Ian Johnson**
 STREET ADDRESS **311 N.W. 10th Terr Hallandale**
 CITY-ST-ZIP **FL 33009**

TITLE **V.P. AARIL S. THOMPSON** ☒ Change ☐ Addition
 NAME **AARIL S. THOMPSON**
 STREET ADDRESS **1100 N.W. 185th Tr**
 CITY-ST-ZIP **Miami FL 33169** **divorce no more Reid**

TITLE **V.P.** ☒ Delete
 NAME **Aaril T Reid**
 STREET ADDRESS **1100 N.W. 185th Tr, Miami FL**
 CITY-ST-ZIP **33169**

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

TITLE **Secretary** ☐ Delete
 NAME **Chara Rose, Apt #**
 STREET ADDRESS **1958 N.E. 172 St North Miami Beach**
 CITY-ST-ZIP **33162**

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

TITLE **Treasurer** ☐ Delete
 NAME **Fly Webb**
 STREET ADDRESS **1046 Dekalb Avenue Brooklyn**
 CITY-ST-ZIP **N.Y. 11216**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-01 305 652-5501

CR2E034 (11/00)