

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90014 044 ***150.00

DOCUMENT # P97000097467

1. Entity Name

FINE & ASSOCIATES, P.A.
martinez

nc my

00055356



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2007 DOUGLAS ROAD
SUITE 600
CORAL GABLES FL 33134

2007 DOUGLAS ROAD
SUITE 600
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

2333 Ponce de Leon Blvd
 Suite, Apt. #, etc.
Suite 710

2333 Ponce de Leon Blvd
 Suite, Apt. #, etc.
Suite 710

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33134

USA

33134

USA

4. FEI Number **65-0798230**

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

FINE, ALAN S
2600 DOUGLAS RD
STE 600
CORAL GABLES FL 33134

Name **Fine, Alan S**
 Street Address (P.O. Box Number is Not Acceptable)
2333 Ponce de Leon Blvd
Suite 710
 City **Coral Gables** **FL** Zip Code **33134**

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. ☐

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	P	<input type="checkbox"/> Delete
NAME	FINE, ALAN S	
STREET ADDRESS	2600 DOUGLAS ROAD SUITE 600	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fine, Alan S	
STREET ADDRESS	2333 Ponce de Leon Blvd, Ste 710	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juan C. Martinez	
STREET ADDRESS	2333 Ponce de Leon Blvd, Ste 710	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward A. Licastro	
STREET ADDRESS	2333 Ponce de Leon Blvd, Ste 710	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alan Fine **Alan Fine**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

305-424-2400

Daytime Phone #

CR2E034 (10/00)