## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PI

SIGNATURE:

## **FILED** DOCUMENT # P98000002847 May 02, 2000 8:00 am 1. Entity Name **Secretary of State** N & J FINE HOLDINGS, INC. 05-02-2000 90102 016 \*\*\*150.00 Principal Place of Business Mailing Address 2000 GLADES ROAD STE 204 2000 GLADES ROAD STE 204 BOCA RATON FL 33431-8504 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address 1951 N.W 1974 ST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc SIE 100 Applied For City & State 4. FEI Number 65-0803380 Patox Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FINE, NORMAN D Street Address (P.O. Box Number is Not Acceptable) 2000 GLADES ROAD STE 204 **BOCA RATON FL 33431** purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits is statement for th (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed na FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ,11. 12. Change ☐ Addition ☐ Delete TITLE TITLE FINE, NORMAN D NAME 1951 NW 1974 ST STE 100 NAME 2000 GLADES ROAD, STE #204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** TITLE ☐ Delete TITLE FINE, JÉAN J NAME NAME STREET ADDRESS 2000 GLADES ROAD, STE #204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is t e and accurate and, of the corporation or the receiver or trustee empo red to execute this