

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000029956**1. Entity Name
FINE ART FABRICATION & DESIGN, INC.

Principal Place of Business 1126 N. K ST. LAKE WORTH FL 33460	Mailing Address 1126 N. K ST. LAKE WORTH FL 33460
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
65-0824845
Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEHON FREDERIC TJR.
5606 PGA BLVD., SUITE 211PALM BCH GARDENS FL
33418 US

7. Name and Address of New Registered Agent

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 _____ DATE **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	GOLDBERG GLENN M	
STREET ADDRESS	1126 N. K ST.	
CITY-ST-ZIP	LAKE WORTH FL 33460	

TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDBERG KAREN L	
STREET ADDRESS	1126 N. K ST.	
CITY-ST-ZIP	LAKE WORTH FL 33460	

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

NAME ☐ Change ☐ Addition

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: Glenn M. Goldberg ST 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)