

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90121 048 ***150.00

DOCUMENT # P98000105419

1. Entity Name
FINE AUTO CORP.

Principal Place of Business
500 BAYVIEW DRIVE
UNIT 1731
NORTH MIAMI BEACH FL 33160

Mailing Address
500 BAYVIEW DRIVE
UNIT 1731
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business
3400 S. State Rd 7
 Suite, Apt. #, etc.

3. Mailing Address
3400 S. State Rd 7
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIRAMAR FL
 Zip
33023
 Country

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MIRAMAR FL
 Zip
33023
 Country

4. FEI Number **65-0883953**
 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

KATSMAN, MARK ESQ.
% ROTH, ROUSSO & BENJAMIN, P.A.
PH 2, 9350 SOUTH DIXIE HWY.
MIAMI FL 33156

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 _____
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 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	VPD YAMILOV, RADIK 3400 S. STATE ROAD 7 MIRAMAR FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TCHESNOKOV, GUEORGUI 3400 S. STATE ROAD 7 MIRAMAR FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 **4/26/01** Daytime Phone #

CR2E034 (10/00)