

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 06, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000106324**1. Entity Name  
F.M. SPECIALTY SERVICES, INC.

## Principal Place of Business

9868 N.W. 17 STREET

CORAL SPRINGS

33071

FL

## Mailing Address

9868 N.W. 17 STREET

CORAL SPRINGS

33071

FL

## 2. Principal Place of Business

1833 N.W. 107TH. DRIVE

## 3. Mailing Address

1833 N.W. 107TH. DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

CORAL SPRINGS

FL

## City &amp; State

CORAL SPRINGS

FL

Zip

33071

Country

Zip

33071

Country

## 4. FEI Number

65-0899827

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ROSENTHAL STEPHEN BESQ.  
8142 NORTH UNIVERSITY DRIVE

TAMARAC

33321

US

FL

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/06/2001

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

TITLE D ☐ Delete  
NAME GRIMA MAUDE  
STREET ADDRESS 1833 N.W. 107 DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33071TITLE D ☐ Delete  
NAME ROBERTS FALINE  
STREET ADDRESS 9868 N.W. 17TH STREET  
CITY-ST-ZIP CORAL SPRINGS FL 33071TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition  
NAME ROBERTS FALINE  
STREET ADDRESS 793 N.W. 123RD. DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33071TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:** Maude Grima

V.P.

03/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)