## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9900002060

1. Entity Name

## FINEBERG ENTERPRISES INC

Principal Place of Business  679 NOBILITY AVENUE  FL 32934  2. Principal Place of Business		Mailing Address						
		2679 NOBILITY AVENI MELBOURNE FL 3293						
		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		FEI Number 59 - 3551719		Applied For Not Applicable	
Zip Country		Zip	Zip Country		Certificate of Status Desired   \$8.75 Additional Fee Required			
	6. Name and Address of Curr	ent Registered Agent	egistered Agent		7. Name and Address of New Registered Agent			
<del></del>			· Na	me				
2679 N	erg, William G Iobility Avenue Iurne Fl 32934		Str	Street Address (P.O. Box Number is Not Acceptable)				
EE50	STITULE 1 & SESS 1		Cit	у		FL Zip Co	ode	
	amed entity submits this statemen	nt for the purpose of chang	ing its registered off	ice or registered a	gent, or both, in the State of Florida	3.		
SIGNATURE	gnature, typed or printed name of registered a	gent and title if applicable	(NOTE. Registered Agen	t signature required when	reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S					
11.	OFFICERS A	ND DIRECTORS	12.	Α	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11	_
TITLE NAME		☐ Delete	TITLE NAME	43311.5	MOENT. m G. Fineberg	☐ Change	Addition	4 (9/99
STREET ADDRESS CITY-ST-ZIP			STREET ADD CITY-ST-ZII	RESS 2679 Melbo	Nobility Ave umo, FL 32934			R2F034
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII	SEC/TELLZAG	Nobility Ave um. FL 32934 TREASURER BETH B. Fineberg whility Ave one FL 32934	☐ Change	Addition	C
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADD CITY-ST-ZI	RESS		☐ Change	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADD CITY-ST-ZII			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AOD CITY - ST - 211	l l		☐ Change	Addition	
TITLE NAME STREET ADDRESS	an 4 · 4	☐ Delete	TITLE NAME STREET ADD	RESS		☐ Change	Addition	

13. Thereby 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 attackment with an address, with all other like empowered.

Apr 05, 2000 8:00 am Secretary of State 04-05-2000 90108 031 \*\*\*150.00

Flizabeth B. Finebel