

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90157 008 ***150.00

DOCUMENT # *V33513*

1. Entity Name

FINE FOOD SYSTEMS, INC



DO NOT WRITE IN THIS SPACE

10065141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3421 Main Highway

Suite, Apt. #, etc.

2601 Hollywood Blvd.

City & State

COCONUT GROVE FL.

City & State

Hollywood, FL.

4. FEI Number

65-0328931

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip *33133*

Country

USA

Zip *33020*

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President Barney N. Weinkle 2601 Hollywood Blvd. Hollywood, FL 33020</i>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

984-926-0481

Date

Daytime Phone #

CR2E034B (12/02)