

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-17-2000 90015 016 ****61.25

DOCUMENT # 725026

1. Entity Name

FAIRCREST 14 MAINTENANCE CORP. INC.

Principal Place of Business

Mailing Address

6990 NW 71 ST
 TAMARAC FL 33321
 US

6990 NW 71 ST
 TAMARAC FL 33321-5436
 US

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

59-1512394

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

GRECO, TONY
7002 NW 71 AVE
TAMARAC FL 33321

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)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRECO, TONY	
STREET ADDRESS	7002 NW 71 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	FV	<input checked="" type="checkbox"/> Delete
NAME	PRINCIPE, TOM	
STREET ADDRESS	7200 NW 72 ST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERKOWITZ, FREIDA	
STREET ADDRESS	6607 NW 73 ST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	TUNBERELLO, JIMMY	
STREET ADDRESS	7001 NW 73 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STOCKHAMMER, FLORENCE	
STREET ADDRESS	6714 NW 71 ST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	SARTI, RACHEL	
STREET ADDRESS	6701 NW 71 ST	
CITY-ST-ZIP	TAMARAC FL 33321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tony Greco Pres.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1ST VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Principe	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freida Berkowitz Trust	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2ND VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE CINQUE	
STREET ADDRESS	7013 NW 73 AVE TAMARAC FL.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Florence Stockhammer Secy	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aisst Tres	
STREET ADDRESS	Joan Anetta	
CITY-ST-ZIP	6715 NW 71 ST TAMARAC FL 33321	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tony Greco **TONY GRECO**

3-14-2000

954 222 9112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)