

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90064 020 ***150.00

DOCUMENT # **PO1000002167** ✓

1. Entity Name

Facial Fitness, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2200 W. Glades Rd

3. Mailing Address

9201-B Vineland Ct

Suite, Apt. #, etc.

2200 W. Glades Rd

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-1068790

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

33496

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Judy Zeman**

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

9201-B Vineland Ct

Boca Raton

FL

Zip Code

33496

**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.

SIGNATURE

Judy Zeman

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **Judy Zeman**
NAME **9201-B Vineland Ct**
STREET ADDRESS **Boca Raton, FL**
CITY-ST-ZIP **33496**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 (561) 2188755

CR2E034B (12/01)