

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

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90059 032 ***150.00

DOCUMENT # PO1000010550
1. Entity Name AMANDA Faye, Inc.

DO NOT WRITE IN THIS SPACE

824468

2. Principal Place of Business <u>A HOT SPOT, TANNING SALON</u>		3. Mailing Address <u>1420 LAKE SHADOW CIRCLE</u>	
Suite, Apt. #, etc. <u>1043 N. MILLS AVE</u>		Suite/Apt. #, etc. <u>9303</u>	
City & State <u>ORLANDO, FL</u>		City & State <u>MAITLAND, FL</u>	
Zip <u>32803</u>	Country <u>AMERICA</u>	Zip <u>32751</u>	Country <u>AMERICA</u>
4. FEI Number <u>59.3696550</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name <u>MARK PORTER</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>1420 LAKE SHADOW CIRCLE, 9303</u>		
	City <u>MAITLAND</u>	FL	Zip Code <u>32751</u>

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] MARK PORTER, PRESIDENT 2-11-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Irregular Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT MARK W. PORTER 1420 LAKE SHADOW CIRCLE, 9303 MAITLAND, FL 32751</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>ISHWAR DUDHAT, VICE PRESIDENT 2715 CHARLESTON DR. PLANT CITY, FL 33565</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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] 2-11-02 407-616-8277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034B (12/01)