FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91563 016 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006031

1. Entity Name
FAUSTINA, INC.

642895

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
11999 San Vicente Blvd.	11999 San Vicente Blvd.	
Suite, Apt. #, etc.: 440	Suite, Apt. #, etc.: 440	
City & State: Los Angeles, CA	City & State: Los Angeles, CA	
Zip: 90049 Country:	Zip: 90049 Country:	

4. FEI Number: 59-2503055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jerome Henin - IPI of Central Fla, Inc.

Street Address (P.O. Box Number is Not Acceptable): 933 Lee Road, Suite 402

City: Orlando **FL** Zip Code: 32810

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: PSTD NAME: Varela, Eduardo STREET ADDRESS: Wengistrasse 7 CITY-ST-ZIP: CH-8026 Zurich - Switzerland	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP NAME: Gilbert, Julie A. STREET ADDRESS: 11999 San Vicente Blvd., #440 CITY-ST-ZIP: Los Angeles, CA 90049	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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: _____ Julie A. Gilbert 4/15/02 (310) 472-3742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #