**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 18, 2001 8:00 am Secretary of State **DOCUMENT # K18080** 1. Entity Name F.A. HOUSE, INC. 01-18-2001 90004 007 \*\*\*150.00 Mailing Address Principal Place of Business 14201 SW 20TH ST 14201 SW 20TH ST DAVIE FL 33325-5424 603595 DAVIE FL 33325-5424 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0104944 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOUSE, FREDRICK A. Street Address (P.O. Box Number is Not Acceptable) 14201 SW 20TH ST DAVIE FL 33325-5424 City 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, 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 Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition ☐ Change ☐ Delete TITLE TITLE **PST** NAME NAME HOUSE, FREDRICK A. STREET ADDRESS STREET ADDRESS 14201 SW 20TH ST CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33325-5424 ☐ Channe Addition ☐ Delete TITLE TITLE MAME NAME HOUSE, FREDRICK A. STREET ADDRESS STREET ADDRESS 14201 SW 20TH ST CITY-ST-ZIP CITY-ST-ZIP DAVIE-FL-33325-5424 ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if