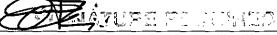
## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9500000771  1. Entity Name F.A.C. ENTERPRISES, L.C.  Principal Place of Business Mailing Address					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  OO JAN 13 AMII: 45			
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE	MJH
City & State		City & State	City & State		4. FEIN	lumber <b>65-0623595</b>	<del></del>	plied For
Zip	Country Zip		Country		5. Certif	ficate of Status Desired	\$5.00 Add	litional
	6. Name and Address of Current	Registered Agent			7. Name	and Address of New Registere	d Agent	
MUSA, FAISEL 9010 N.W. 150 TERRACE				Name Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33016			City				FL Zip Code	
		Make Check Pay	rable to I	E IS \$50.00 Department of	State	120/20/20/20/20		
9.	MANAGING MEMB	<del></del>	10.	<del></del>		ADDITIONS/CHANG	<del></del>	Addition
TITLE MAME \$TREET ADDRESS CITY-ST-ZIP	MEM MUSA, FAISEL 9010 N.W. 150 TERRACE MIAMI FL 33016	Deloto	TITLE NAME STREET CITY- \$1	ADDRESS -		10000310 -01/20/00-	01019	<b>-4</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM RODRIGUEZ, ZAIDA M 9010 N.W. 150 TERRACE MIAMI FL 33016	☐ Defete	TITLE NAME STREET CITY-ST	ADDRESS		*****50.[	)() <del>  relative</del> *	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ (beliste	TITLE NAME STREET CITY-ST	ADDRESS			Changa	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delute	TITLE NAME STREET ( CITY-ST	ADDRESS - ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY- 8T- ZIP		□ Deleta	TITLE NAME STREET	ADDRE\$8			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS - ZIP			Change	Addition
11. I hereby of indicated	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	that my signature shall have th	the exemp	otion stated in Sec egal effect as if m	ade under	oath; that I am a managing men		

SIGNATURE:



1/7/2000 (305) 362-3665 Date Daylina Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGE