

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002309 AF

DOCUMENT # L95000000771

1. Entity Name  
F.A.C. ENTERPRISES, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 13 AM 11:45

Principal Place of Business

9010 N.W. 150 TERRACE  
MIAMI FL 33016

Mailing Address

9010 N.W. 150 TERRACE  
MIAMI FL 33018-1376

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0623595

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MJH



6. Name and Address of Current Registered Agent

MUSA, FAISEL  
9010 N.W. 150 TERRACE  
MIAMI FL 33016

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MEM  
STREET ADDRESS 9010 N.W. 150 TERRACE  
CITY- ST- ZIP MIAMI FL 33016 ☐ Delete

TITLE NAME MEM  
STREET ADDRESS 9010 N.W. 150 TERRACE  
CITY- ST- ZIP MIAMI FL 33016 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME  
STREET ADDRESS 100003103781--4  
CITY- ST- ZIP -01/20/00--01019--002  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/7/2000 (200) 362-3665  
Date Daytime Phone #