

2001 UNIFORM BUSINESS REPORT (UBR)

4/2:

FILED
May 18, 2001 8:00 am
Secretary of State

04-25-2001 90167 045 ****61.25

DOCUMENT # N00000008189

1. Entity Name

THE FACEFINDER NETWORK, INC.

Principal Place of Business

**1325 SEAGRAPE CIRCLE
 WESTON FL 33326-2726**

Mailing Address

**1325 SEAGRAPE CIRCLE
 WESTON FL 33326-2726**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1058279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARBONELL, DIEGO C
 1325 SEAGRAPE CIRCLE
 WESTON FL 33326-2726**

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 \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees.**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CARBONELL, DIEGO C	
STREET ADDRESS	1325 SEAGRAPE CIRCLE	
CITY-ST-ZIP	WESTON FL 33326-2726	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARDOSO, ISaura G	
STREET ADDRESS	1325 SEAGRAPE CIRCLE	
CITY-ST-ZIP	WESTON FL 33326-2726	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUSS, ROBYN	
STREET ADDRESS	398 SE MIZNER #1913	
CITY-ST-ZIP	BOCA RATON FL 33342	
TITLE	RAFAEL VELAZQUEZ	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	M/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONELL, DIEGO C	
STREET ADDRESS	1325 SEAGRAPE CIRCLE	
CITY-ST-ZIP	WESTON FL 33326-2726	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSS, ROBYN	
STREET ADDRESS	398 SE MIZNER #1913	
CITY-ST-ZIP	BOCA RATON FL 33342	
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAFAEL VELAZQUEZ	
STREET ADDRESS	1963 SW 149 AVE	
CITY-ST-ZIP	MIAMI FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (954) 279180

Date

Daytime Phone #

CR2E037 (10/00)