

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000710

1. Entity Name

SAVING FACE FOUNDATION, INC.

**FILED**  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90266 035 \*\*\*\*61.25

Principal Place of Business

133 NE 99TH ST  
MIAMI SHORES FL 33138

Mailing Address

133 NE 99TH ST  
MIAMI SHORES FL 33138

2. Principal Place of Business

3. Mailing Address

PO BOX 531084,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FLORIDA

Zip

Country

3315-31084

USA

4. FEI Number

65-0810097

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

HATTON, JOANNE J  
133 NE 99TH ST  
MIAMI SHORES FL 33138

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	PD	<input type="checkbox"/> Delete
NAME	HATTON, JOANNE J	
STREET ADDRESS	133 NE 99TH ST	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEHMER, BIRGEN	
STREET ADDRESS	PO BOX 1591	
CITY-ST-ZIP	AL KHUBAR SAUDI ARABIA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABDOUVION, HUSUINN	
STREET ADDRESS	PO BOX 339	
CITY-ST-ZIP	POHA, QUTAR ARABIAN GULF	
TITLE		<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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNE HATTON	
STREET ADDRESS	PO BOX 531084	
CITY-ST-ZIP	MIAMI FLA. 3315-31084	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHMET BIRGEN	
STREET ADDRESS	PO BOX 1591	
CITY-ST-ZIP	AL KHUBAR SAUDIA ARABIA	
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		
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

Date

Daytime Phone #

CR2E037 (10/00)