## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9800000710

1. Entity Name

Zip

## SAVING FACE FOUNDATION, INC.

Principal Place of Business

133 NE 99TH ST

Mailing Address

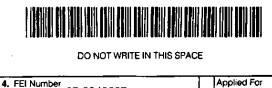
133 NE 99TH ST PO BOX 531084 MIAMI SHORES FL 33138 MIAMI FL 3315-1084

	•	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Jun 23, 2002 8:00 am Secretary of State

05-24-2002 91263 047 \*\*\*\*61.25

Not Applicable



Country Zip Country 5. Certificate of Status Desired Status Desired Fee Required

5. 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

Street Address (P.O. Box Number is Not Acceptable)	***		
Ch.	Zip Code		
City .	LIZPCOGE		

65-0810097

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 like if applicable. (NOTE: Registered Agent algnature required when reinstating)

DATE

FILE	NOW:	FEE	IS	\$61.25	•

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	☐ Defete	TITLE		☐ Change	Addition		
NAME	HATTON, JOANNE J		NAME					
	PO BOX 531084	. ~	STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33151084	$\mathcal{D}$	CITY-ST-ZIP			]		
TITLE	D	☐ Delete	TITLE	<del></del>	☐ Change	☐ Addition		
NAME	MEHMET, BIRGEN	7	NAME			i		
STREET ADDRESS	PO BOX 1591		STREET ADDRESS			1		
CITY-ST-ZIP	AL KHUBAR SAUDI ARABIA		CITY-ST-ZIP					
TITLE	n	Delete	-1116		- Change	- Addition-		
NAME	ABDOUIVTION, HUSUINN-		= NAME					
	PO BOX 339		STREET ADDRESS			1		
CITY-ST-ZIP	POHA, QUTAR ARABIAN GULF		CITY-ST-ZIP			ļ		
		) TT Colors	TITLE		☐ Change	☐ Addition		
TITLE NAME			NAME		_ 5,2\$0			
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	miami PCX 330	C3-108-1	CITY-ST-ZIP			1		
	THE TOTAL	<del></del>			Change	Addition		
TITLE		Delete ·	TITLE		C1 charge	L. Addition		
NAME			NAME			Į.		
STREET ADDRESS	•	•	STREET ADDRESS CITY-ST-ZIP	•		,		
CITY-ST-ZIP			CHT-SI-ZIP	<del></del>				
TITLE		☐ Delete	TITLE		☐ Change	Addition		
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	· _		CITY-ST-ZIP			ł		

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 his 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:

ATURE AND TYPED OR PRINTED HAVE OF BROWNING OFFICER OR DIRECTOR

30 OZ

Deytime Phone #