

2002 UNIFORM BUSINESS REPORT (UBR)

5/24

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

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

DOCUMENT # N98000000710

1. Entity Name

SAVING FACE FOUNDATION, INC.

Principal Place of Business

**133 NE 99TH ST
MIAMI SHORES FL 33138**

Mailing Address

**PO BOX 531084
MIAMI FL 3315-1084**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

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 \$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

TITLE **PD** ☐ Delete
NAME **HATTON, JOANNE J**
STREET ADDRESS **PO BOX 531084**
CITY-ST-ZIP **MIAMI FL 3315-1084**

TITLE **D** ☐ Delete
NAME **MEHMET, BIRGEN**
STREET ADDRESS **PO BOX 1591**
CITY-ST-ZIP **AL KHUBAR SAUDI ARABIA**

TITLE **D** ☐ Delete
NAME **ABDOUITION, HUSUINN**
STREET ADDRESS **PO BOX 339**
CITY-ST-ZIP **POHA, QATAR ARABIAN GULF**

TITLE **WENDY ROBERT** ☐ Delete
NAME **PO BOX 531084**
STREET ADDRESS **MIAMI, FL 33153-1084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 (9/01)