2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90026 030 ****61.25

DOCUMENT # N99000003747

1. Entity Name

FORCE-FACING OUR RISK OF CANCER EMPOWERED, INC.

Principal Place of Business	Mailing Address
1338 NW 100TH AVE. CORAL SPRINGS FL 33071	934 N UNIVERSITY PMB 213 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2900 University Dr.	934 N University
Suite, Apt. #, etc.: Suite 71	Suite, Apt. #, etc.: PMB # 213
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33071 Country: USA	Zip: 33071 Country: USA

4. FEI Number: 65-0927702 ☐ 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
CORPORATE CREATIONS ENTERPRISES INC. 941 FOURTH ST., #200 MIAMI BEACH FL 33139	Name: Elaine M Gatsos - Attorney Street Address (P.O. Box Number is Not Acceptable): 1499 West Palmetto Park Road Suite 210 City: Boca Raton FL Zip Code: 33486

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: Elaine M. Gatsos, Elaine M GATSOS, Esq. 2-12-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D Director and President FRIEDMAN, SUE 1338 NW 100TH AVE. CORAL SPRINGS FL 33071 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Director and Vice President HOROWITZ, AMITY 1338 NW 100TH AVE. CORAL SPRINGS FL 33071 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STORCH, LIZ 1338 NW 100TH AVE. CORAL SPRINGS FL 33071 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sherry Pedersen 2510 E. Los Altos Ave. Fresno, CA 93710 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Laurie McKee 2030 Harmonyville Rd Pottstown, PA 19465 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: _____ 01/24/01 (954)75-9678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #