

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90010 016 ***150.00

DOCUMENT # P00000007148

1. Entity Name
FACE FORWARD GROUP, INC.

Principal Place of Business
14353 SW 112 CIRCLE LANE NORTH
MIAMI FL 33176

Mailing Address
14353 SW 112 CIRCLE LANE NORTH
MIAMI FL 33176

2. Principal Place of Business
2709-2 KILLARNEY WAY

3. Mailing Address
2709-2 KILLARNEY WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.
TALLAHASSEE, FL

City & State
TALLAHASSEE FL

City & State
32308

4. FEI Number
65-0977633

Applied For
 Not Applicable

Zip
32308

Country
USA

Zip
↑

Country
USA

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

TRESCOTT, ROBERT L
2121 PONCE DE LEON BLVD
SUITE 900
CORAL GABLES FL 33134

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D FEDERICO, CATHY M**
 STREET ADDRESS **14353 SW 112 CIRCLE LANE NORTH**
 CITY-ST-ZIP **MIAMI FL 33176**

☐ Delete

TITLE
 NAME
 STREET ADDRESS **2709-2 KILLARNEY WAY**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

☒ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP

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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cathy M. Federico
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CATHY M. FEDERICO 3/15/01 850 893 9944

Date

Daytime Phone #

CR2E034 (10/00)

0027692