

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91296 002 ***150.00

DOCUMENT # P00000012150

1. Entity Name

FA'LONS STRICTLY CLASS, INC.

Principal Place of Business

**100 E LINTON STE 125B
 DELRAY BEACH FL 33483**

Mailing Address

**100 E LINTON STE 125B
 DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 812368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

4. FEI Number

52-2118442

Applied For

Not Applicable

Zip

Country

Zip

Country

33481-2368 PALM BEACH

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

**THOMAS, JOYCE
 100 E LINTON STE 125B
 DELRAY BEACH FL 33483**

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 **PRES. CEO** ☐ Delete
 NAME ~~THOMAS, JOYCE~~
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PRES. CEO** ☐ Change ☒ Addition
 NAME **2409 N.W. 49th LANE**
 STREET ADDRESS **BOCA RATON, FL**
 CITY-ST-ZIP **33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 561 271-3082
 Date Daytime Phone #

CR2E034 (10/00)