

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052408

1. Entity Name

FAZUL ENTERPRISES, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90127 021 ***150.00

Principal Place of Business

2199 SE ERWIN
PORT ST. LUCIE FL 34952-5538

Mailing Address

2199 SE ERWIN
PORT ST. LUCIE FL 34952-5538

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1013496

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

BRANNOM, DAVID S
759 S. FEDERAL HWY., STE. 319
STUART FL 34994

Name

STEVEN SETTIPANI

Street Address (P.O. Box Number is Not Acceptable)

2199 SE ERWIN RD

City

PORT ST. LUCIE

FL

Zip Code

34952

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

Steven Settiani Pro David Brannom

4/24/2001

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

PD ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
STEVEN SETTIPANI
2199 SE ERWIN RD
PORT ST LUCIE FL 34952

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

Steven Settiani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN SETTIPANI 4/24/2001 561-334-0400

CR2E034 (10/00)