

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90049 044 ***150.00

DOCUMENT # P00000052408

1. Entity Name
FAZUL ENTERPRISES, INC.

Principal Place of Business
2199 SE ERWIN
PORT ST. LUCIE FL 34952-5538

Mailing Address
2199 SE ERWIN
PORT ST. LUCIE FL 34952-5538



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2861 S.E. WILTSHIRE TERR.
 Suite, Apt. #, etc.

3. Mailing Address
2861 S.E. WILTSHIRE TERR.
 Suite, Apt. #, etc.

City & State
PORT ST. LUCIE FL
 Zip
34952
 Country
U.S.A.

City & State
PORT ST. LUCIE FL
 Zip
34952
 Country
USA.

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
SETTIPANI, STEVEN
2199 SE ERWIN ROAD
PORT SAINT LUCIE FL 34952

7. Name and Address of New Registered Agent
 Name
STEVEN SETTIPANI
 Street Address (P.O. Box Number is Not Acceptable)
2861 S.E. WILTSHIRE TERRACE
 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 **STEVEN SETTIPANI** 4/16/02
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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SETTIPANI, STEVEN 2199 SE ERWIN ROAD PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Steven Settiani **STEVEN SETTIPANI** 4/16/02 861-334-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)