

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90002 016 ***550.00

DOCUMENT # P00000058350

1. Entity Name
FABICARME, INC.

Principal Place of Business

Mailing Address

123 SAN REMO BLVD.
NORTH LAUDERDALE FL 33068

123 SAN REMO BLVD.
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

3. Mailing Address

2027 N. DIXIE HWY

2027 N. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

POMPLANO BEACH

3A

City & State

City & State

POMPLANO BEACH, FL

POMPLANO BEACH, FL

Zip

Zip

33060

Country

Country

USA

33060

Country

USA

4. FEI Number

651021815

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

MEDACIER, ADENET ESQ.

19 W. FLAGLER ST., STE. 207

MIAMI FL 33130

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **ETIENNE, JEAN**
 STREET ADDRESS **123 SAN REMO BLVD.**
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE **P/M** ☐ Change ☐ Addition
 NAME **JEAN ETIENNE**
 STREET ADDRESS **123 SAN REMO BLVD**
 CITY-ST-ZIP **NORTH LAUDERDALE, FL 33068**

TITLE **D** ☒ Delete
 NAME **ETIENNE, MARIE DAVID**
 STREET ADDRESS **123 SAN REMO BLVD.**
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

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

TITLE **D** ☒ Delete
 NAME **ETIENNE, FABIUS**
 STREET ADDRESS **123 SAN REMO BLVD.**
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/01 954-5607448

Date

Daytime Phone #

CR2E034 (5/01)