

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90082 036 \*\*\*150.00

**DOCUMENT # P00000071175**

1. Entity Name  
**FABER-STORELLI ENTERPRISES, INC.**



Principal Place of Business  
**4530 N DIXIE HWY  
FORT LAUDERDALE FL 33334**

Mailing Address  
**4530 N DIXIE HWY  
FORT LAUDERDALE FL 33334**



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 **65-1035076**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**FABER, JEROME C JR  
4530 N DIXIE HWY  
FORT LAUDERDALE FL 33334**

**7. Name and Address of New Registered Agent**

Name **STORELLI, JOHN**  
Street Address (P.O. Box Number is Not Acceptable)  
**631 NE 18TH AVE.**  
City **FT. LAUDERDALE, FL 33304 FL** Zip Code **33304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed, and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/08/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PCT</b>	<input type="checkbox"/> Delete
NAME	<b>FABER, JEROME C JR</b>	
STREET ADDRESS	<b>2828 NE 40TH ST</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	<b>SCT</b>	<input type="checkbox"/> Delete
NAME	<b>STORELLI, JOHN</b>	
STREET ADDRESS	<b>631 NE 18TH AVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33304</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OSTROW, GARY S</b>	
STREET ADDRESS	<b>3000 NE 30TH PL, STE 301</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33306</b>	
TITLE	<b>VPPR</b>	<input type="checkbox"/> Delete
NAME	<b>STORELLI, M. SERGIO</b>	
STREET ADDRESS	<b>1610 N.E. 40TH PLACE</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33334</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

**4/8/03**

Daytime Phone #

CR2E034 (10/02)