

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90352 041 \*\*\*150.00

CR2E034 (10/02)

**DOCUMENT # P00000079437**

**1. Entity Name**  
**FAUX STUDIO CUSTOM ART FINISH CORPORATION**



**Principal Place of Business**  
**424 NW 87 TERRACE**  
**CORAL SPRINGS FL 33071**

**Mailing Address**  
**424 NW 87 TERRACE**  
**CORAL SPRINGS FL 33071**

**2. Principal Place of Business**  
**4280 NW 1st Place**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**111 SW 84 Way**  
Suite, Apt. #, etc.

**City & State**  
**Deerfield Beach - FL**  
**Zip**  
**33442**  
**Country**  
**USA**

**City & State**  
**Coral Sprigs - FL**  
**Zip**  
**33071**  
**Country**  
**USA**

**4. FEI Number** **65-0979385**

**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**

**TAX HOUSE CORPORATION**  
**3929 N FEDERAL HWY**  
**POMPANO BEACH FL 33064**

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

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

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PD** ☐ Delete  
**NAME** **SCHAUCOSKI LOPEZ, NOELI**  
**STREET ADDRESS** **424 NW 87TH TERRACE**  
**CITY-ST-ZIP** **CORAL SPRINGS FL 33071**

**TITLE** **VPD** ☐ Delete  
**NAME** **BONTEMPO, RITA CASSIA**  
**STREET ADDRESS** **9561 AEGEAN DRIVE**  
**CITY-ST-ZIP** **BOCA RATON FL 33496**

**TITLE** **VPD** ☐ Delete  
**NAME** **WANCHELOTTI, PATRICIA LOBO**  
**STREET ADDRESS** **4280 NW 1ST PLACE**  
**CITY-ST-ZIP** **DEERFIELD BEACH FL 33442**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** **PD** ☒ Change ☐ Addition  
**NAME** **SCHAUCOSKI Lopez, Noeli**  
**STREET ADDRESS** **111 SW 84 WAY**  
**CITY-ST-ZIP** **Coral Springs - FL 33071**

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

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

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

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

**TITLE** ☐ Change ☐ 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 another like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**