

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108695

1. Entity Name

FACE ONE, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90176 038 ***150.00

Principal Place of Business

Mailing Address

2841 S.W. 73RD WAY. #1906
DAVIE FL 33314

2841 S.W. 73RD WAY. #1906
DAVIE FL 33314

2. Principal Place of Business

3. Mailing Address

5991 SW 36 CT

5991 SW 36 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT B

APT B

City & State

City & State

DAVIE FL

DAVIE, FL

Zip

Country

Zip

Country

33314

33314

4. FEI Number

65-1068606

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

SHEA, KELLY ANN

2841 S.W. 73RD WAY, #1906
DAVIE FL 33314

Name

MICHAEL MARCH

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

5991 SW 36 CT

APT B

City

DAVIE

FL

Zip Code

33314

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 *Michael March*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/01

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 PTD
STREET ADDRESS MARCH, MICHAEL
CITY-ST-ZIP 2841 S.W. 73RD WAY, #1906
DAVIE FL 33314

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

TITLE ☐ Delete
NAME VSD
STREET ADDRESS SHEA, KELLY ANN
CITY-ST-ZIP 2841 S.W. 73RD WAY, #1906
DAVIE FL 33314

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/01

00070

CR2E034 (10/00)