FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO10000165560

1. Entity Name AMANDA FAYE, INC.

DO NOT WRITE IN THIS SPACE

824468

2. Principal Place of Business	3. Mailing Address
4 HOT SPOT, TANNING SALON	1420 LAKE SHADOW CIRCLE
Suite-Apt. #, etc. 1043 N. MILLS AVE	Suite/Apt. #, etc. 9303
City & State ORLANDO, FL	City & State MAITLAND, FL
Zip 32803 Country AMERICA	Zip 32751 Country AMERICA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3696550 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARK PORTER

Street Address (P.O. Box Number is Not Acceptable) 1420 LAKE SHADOW CIRCLE, 9303

City MAITLAND FL Zip Code 32751

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 _____ MARK PORTER, PRESIDENT 2-11-02

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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 PRESIDENT NAME MARK W. PORTER STREET ADDRESS 1420 LAKE SHADOW CIRCLE, 9303 CITY-ST-ZIP MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ISHWAR DUDHAT, VICE PRESIDENT NAME 2715 CHARLESTON DR. STREET ADDRESS PLANT CITY, FL 33565 CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____   2-11-02   407-616-8277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #