

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

DOCUMENT # P01000018121

1. Entity Name

MICHAEL FAELLA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1674 Gould Avenue

Suite, Apt. #, etc.

3. Mailing Address
1674 Gould Avenue

Suite, Apt. #, etc.

City & State
Palm Bay, FL

Zip
32907

Country
USA

City & State
Palm Bay, FL

Zip
32907

Country
USA

4. FEI Number
59-3703819

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Emery M. Faella

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

1674 Gould Avenue

City
Palm Bay

FL
Zip Code
32907

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 resubmitting)

DATE

Emery M. Faella, Registered Agent
3/13/03
January 1 - May 1: Fee is \$350.00
After May 1: Fee is \$550.00
Amended UBR is \$41.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP

D/P/S/T
Faella, Emory M.
1674 Gould Avenue, Palm Bay, FL 32907

1111
1111-11111111
1111-11-1111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1111
1111-11111111
1111-11-1111

**DO NOT WRITE
IN THIS SPACE**

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: *Emery M. Faella* Emery M. Faella, President

3/13/03 321-508-2680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)