

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

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91603 044 \*\*\*150.00

DOCUMENT # P01000027156

1. Entity Name  
Love That Face, Inc.

**DO NOT WRITE IN THIS SPACE**

674256

2. Principal Place of Business		3. Mailing Address	
8495 SE Mangrove Street		2 South University Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Hobe Sound, FL		Plantation, FL	
Zip	Country	Zip	Country
33455	USA	33324	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For
	<input type="checkbox"/> 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 David J. Powers, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
7777 Glades Road, Ste. 300  
City Boca Raton FL Zip Code 33434

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 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 D  
NAME Brett Greenwald  
STREET ADDRESS 8495 SE Mangrove Street  
CITY-ST-ZIP Hobe Sound, FL 33455

TITLE D  
NAME Robert Schwartz  
STREET ADDRESS 1633 N Hiatus Road  
CITY-ST-ZIP Pembroke Pines, FL 33026

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRETT GREENWALD

5/21/02  
Date

954-581-0124  
Daytime Phone #