FILED
Jun 11, 2003 8:00 am
Secretary of State
05-05-2003 91902 041 ***150.00

5/5/

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000108204 (L)

1. Entity Name
FAZ & DEE MULTICULTURAL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5748 LAKE WORTH FL 33466-5748	P.O. BOX 5748 LAKE WORTH FL 33466-5748

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
POBOX4014		P.O. BOX4014	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DEERFIELD Beach		City & State: DEERFIELD BCH	
Zip: 33442	Country: USA	Zip: 33442	Country: USA

4. FEI Number: 30-0120292 ☐ 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
BOGUE ASSOCIATES 1520 TENTH AVE. NORTH, STE. E LAKE WORTH FL 33460	Name: VERONIKA F. RAINVILLE Street Address (P.O. Box Number is Not Acceptable): 4381 SW 10th ST #107 Deerfield Bch P.O. BOX 4014 City: DEERFIELD BEACH FL Zip Code: 33442

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAINVILLE, VERONIKA F P.O. BOX 6505 LAKE WORTH FL 33466	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YATHALI, DEYANATH P.O. BOX 541814 LAKE WORTH FL 33454	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] — 4-30-03 — 954 263 4327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #