

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90236 036 ***150.00

DOCUMENT # **P94000067405**

1. Entity Name
FAYEBERN, INC.

Principal Place of Business
~~6713 JENNIFER DR.
 TEMPLE TERRACE FL 33617~~

Mailing Address
~~6713 JENNIFER DR.
 TEMPLE TERRACE FL 33617~~

R0074003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5305 Shelich Road
 Suite, Apt. #, etc.

3. Mailing Address
12603 Wood Ibis Way
 Suite, Apt. #, etc.

City & State
TAMPA FLA.
 Zip
33625

City & State
TAMPA FLA.
 Zip
33624

4. FEI Number **59-3265495**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~REICHERT, BERNARD
 6713 JENNIFER DR.
 TEMPLE TERRACE FL 33617~~

7. Name and Address of New Registered Agent
 Name
RICHARD FERNANDEZ
 Street Address (P.O. Box Number is Not Acceptable)
12603 WOOD IBIS WAY
 City **TAMPA** FL Zip Code **33624**

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 *Richard J. Fernandez* DATE **7-14-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT REICHERT, BERNARD 6713 JENNIFER DR. TEMPLE TERRACE FL 33617 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS REICHERT, FAYE 6713 JENNIFER DR. TEMPLE TERRACE FL 33617 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT RICHARD J. FERNANDEZ 12603 WOOD IBIS WAY TAMPA FL. 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE-PRES; SEC, TRES. MARY FERNANDEZ 12603 WOOD IBIS WAY TAMPA FLA. 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Richard J. Fernandez* DATE **7-14-00** FAYE 813 962-0232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)



ALESSANDRI & ALESSANDRI, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Attachment Dec #
PA4000067405
AD074005

17 August, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302

Re: Faybern, Inc.
Id. No. 59-3265495

Dear Sirs:

On behalf of the referenced entity we are enclosing their 2000 Uniform Business Report.

By way of explanation, the ownership of the entity changed during 1999. Supposedly the Florida Department of State was notified of the change in address and the change in the officers and directors. Apparently, either the change notice was not sent, or if it was, the changes were not effected in your records. In any event, the UBR was sent by the Florida Department of State to the former owner who was not sufficiently responsible to send it along to the new owner timely. The new owner only recently received the UBR, which is enclosed together with the filing fee of \$150.00.

While we recognize that the UBR is being filed late, we respectfully request that the increased fee for filing late be cancelled in view of the extenuating circumstances that constitute reasonable cause. Had the new business owner received the UBR timely, it would have been filed timely. Accordingly, it appears more than appropriate to cancel the additional fee.

We thank you for your kind attention and understanding in this matter. Should you have any questions, please feel free to contact the undersigned directly.

With best personal regards,

Sincerely,

Peter Alessandri, CPA

\\ALES_SERVER\SYSTEMS\AAPA\COMPILAT\CDBs\DeptState81700.doc

ACCOUNTANTS & CONSULTANTS
5121 EHRLICH ROAD · SUITE 107 - B · TAMPA, FLORIDA 33624
(813) 989-1995 · FAX (813) 980-2740

Member: American Institute of Certified Public Accountants / Division of CPA Firms • Member Florida Institute of Certified Public Accountants