

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
 03-12-2001 90458 024 ***150.00

DOCUMENT # P95000008877

1. Entity Name
FEE FI FAUX ENTERPRISES, INC.

Principal Place of Business

1425 N ORANGE AVE
 ORLANDO FL 32804
 US

Mailing Address

1425 N ORANGE AVE
 ORLANDO FL 32804
 US

729128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

335 North Clayton St.
 Suite, Apt. #, etc.

3. Mailing Address

335 North Clayton St.
 Suite, Apt. #, etc.

City & State

Mount Dora FL

City & State

Mount Dora FL

4. FEI Number

59-3293320

Applied For

Not Applicable

Zip

32757

Country

US

Zip

32757

Country

US

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

WARSHAW, CAROLE
335 N. CLAYTON ST.
MT. DORA FL 32757

Name

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

City

FL

Zip Code

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **COHEN, ROBERT**
 STREET ADDRESS **1425 NO. ORANGE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☒ Change ☐ Addition
 NAME **Cohen, Robert**
 STREET ADDRESS **335 N. Clayton St.**
 CITY-ST-ZIP **Mount Dora, FL 32757**

TITLE **D** ☐ Delete
 NAME **WARSHAW, CAROLE**
 STREET ADDRESS **1425 NO. ORANGE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☒ Change ☐ Addition
 NAME **Warshaw, Carole**
 STREET ADDRESS **335 N. Clayton St.**
 CITY-ST-ZIP **Mount Dora, FL 32757**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Carole Warshaw Carole Warshaw 3/7/01 352-735-2848
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)