

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

Zip

32757

Country

US

Zip

32757

Country

US

4. FEI Number

59-3293320

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current 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
NAME COHEN, ROBERT
STREET ADDRESS 1425 NO. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32804

Delete

D
Cohen, Robert
335 N. Clayton St.
Mount Dora, FL 32757

Change Addition

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

Delete

D
Warshaw, Carole
335 N. Clayton St.
Mount Dora, FL 32757

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change 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: *Carole Warshaw* *Carole Warshaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01 352-735-2848

Date

Daytime Phone #

CR2E034 (10/00)