2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# P95000079315

Entity Name: FABULOUS HANDPRINTS OF FLORIDA, INC.

Current Principal Place of Business:

811 NORTH FEDERAL HWY
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

811 NORTH FEDERAL HWY
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 65-0613266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, JOSEPH
504 CASCADE FALLS DR
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHAPIRO, JOSEPH
Address: 504 CASCADE FALLS DR.
City-St-Zip: WESTON, FL 33327

Title: V ( ) Delete
Name: CLAIRE, BARRY R.
Address: % 811 NORTH FEDERAL HWY.
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M SHAPIRO PD 05/01/2003

Electronic Signature of Signing Officer or Director Date