

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90049 010 ***158.75

DOCUMENT # **PA6000094413**

1. Entity Name:

Friend or Faux Inc

Principal Place of Business

Mailing Address

**1253 Old Okeechobee Rd
 Suite B6
 West Palm Beach, FL
 33401**

**1253 Old Okeechobee Rd
 Suite B6
 West Palm Beach, FL
 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0710013

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

**Haick, Mary L
 436 AUSTRALIAN AVENUE #2
 Palm Beach, FL 33480**

Name

Haick, Joseph S.

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

1253 Old Okeechobee Road

Suite B6

City

W. Palm Beach

FL

Zip Code

33401

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]

JOSEPH S. HAICK

3/2/00

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, 2000 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 **Haick, MARY L**
 STREET ADDRESS **436 AUSTRALIAN AVE #2**
 CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **D, President/CEO** ☐ Change ☒ Addition
 NAME **Haick, Joseph S.**
 STREET ADDRESS **1253 Old Okeechobee Rd #B6**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

[Signature]

JOSEPH S. HAICK

3/2/00

561-832-8055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)