

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90101 038 \*\*\*158.75

**DOCUMENT # P97000018367**

1. Entity Name

**FABULOUS FACES OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1060 WEST S.R. 434  
 SUITE 136  
 LONGWOOD FL 32750  
 US**

**1060 WEST S.R. 434  
 SUITE 136  
 LONGWOOD FL 32750  
 US**

037010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3433405**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

**FL**

Zip Code

**SCHERKER, DEBORAH  
 1060 WEST S.R. 434  
 SUITE 136  
 LONGWOOD FL 32750**

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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHERKER, DEBORAH</b>	
STREET ADDRESS	<b>1060 WEST S.R. 434, SUITE 136</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>SCHERKER, EDWARD</b>	
STREET ADDRESS	<b>1060 WEST S.R. 434, SUITE 136</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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

*Edward Scherker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD SCHERKER**

**4/10/2000 407-366-3684**  
 Date Daytime Phone #