## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000027453

Entity Name

FABER IMPORTS, INC.

Principal Place of Business
251 ROYAL PALM WAY, STE 214

PALM BEACH FL 33480

STREET ADDRESS

CITY-ST-ZIP

Mailing Address

251 ROYAL PALM WAY. STE 214 PALM BEACH FL 33480-4310

## 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0738008 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GROPPER, EDWARD 251 ROYAL PALM WAY SUITE 214 PALM BEACH FL 33480 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE GROPPER, EDWARD NAME STREET ADDRESS STREET ADDRESS 251 ROYAL PALM WAY, STE 214 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Change ■ Addition Delete TITLE TITLE NAME VOTENS, CARREEN L NAME STREET ADDRESS STREET ADDRESS 251 ROYAL PALM WAY, STE 214 CITY-ST-7IP CITY-ST-ZIP PALM BEACH FL 33480 Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [] Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 effect 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.

ICER OR DIRECTOR

03-09-2000 90086 013 \*\*\*150.00

C0034888



Daytime Phone #

Date