

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90220 016 ***150.00

0397620 AV

DOCUMENT # P97000032000

1. Entity Name
F & A CONCEPTS INC.



Principal Place of Business
**3299 NW BOCA RATON BLVD
SUITE 100
BOCA RATON FL 33431
US**

Mailing Address
**3299 NW BOCA RATON BLVD
SUITE 100
BOCA RATON FL 33431
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0753242**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREOZZI, ANTHONY L SR.
3299 NW BOCA RATON BLVD
SUITE 100
BOCA RATON FL 33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Anthony L Andreozzi President

4/25/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ANDREOZZI, ANTHONY**
STREET ADDRESS **3299 NW BOCA RATON BLVD SUITE 100**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FAIGIN, KENNETH**
STREET ADDRESS **3299 BOCA RATON BLVD SUITE 100**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony L Andreozzi **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

561-347-9911

Daytime Phone #

CR2E034 (10/02)

90132935

Attachment
~~#~~797000032000

F&A CONCEPTS INC.
3299 NW Boca Raton Blvd
Suite 100
Boca Raton, FL 33431
(561) 347-9991 phone
(561) 347-9925 fax

May 8, 2003

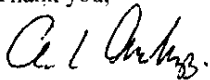
Division of Corporations
State of Florida
490 East Gains Street
Tallahassee, FL 32399

Dear Secretary of State:

Enclosed is the UBR report for 2002 for F&A Concepts Inc. In the past our old controller filed this report online. Since his dismissal, we lost track of the report and assumed it was filed on line. Thank you for your understanding.

If there are any further questions regarding this matter, please feel free to contact me at the above number.

Thank you,



Anthony L. Andreozzi
President