FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 16, 2002 8:00 am Secretary of State DOCUMENT # P98000023317 1. Entity Name 09-16-2002 90112 019 ***550.00 FOREVER FAUX INC. Principal Place of Business Mailing Address 2400 N.E. 5TH AVE 2400 N.E. 5TH AVE FORT LAUDERDALE FL 33305 FORT LAUDERDALE FL 33305 2. Principal Place of Business 3. Mailing Address **8003** Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-0830994 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUTEN, JOHN 2400 N.E. 5TH AVE FORT LAUDERDALE FL 33305 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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (4/02)☐ Delete ■ Addition KIGHT. DON WILLIAM JR NAME NAME STREET ADDRESS 2400 N.E. 5TH AVE STREET ADDRESS FORT LAUDERDALE FL 33305 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change TUTEN, JOHN WELSEY NAME NAME 2400 N.E. 5TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in the corporation 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 in the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the corporation of the receiver of the corporation of the receiver of trustee empower of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the r

changed, or on an attachment with an address, with all other-like empowered.

in Block 11 or Block 12 if