AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 14 AM 9:06

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-12/26/01--01103--005
*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000046164

1. Entity Name
LAFAUCI ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5875 SW 21ST ST HOLLYWOOD, FL 33023	5875 S.W. 21ST ST HOLLYWOOD, FL 33023

2. Principal Place of Business	3. Mailing Address
5875 SW 21ST ST	5875 S.W. 21ST ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD, FL
Zip: 33023 Country: USA	Zip: 33023 Country: USA

4. FEI Number: 65-0837892 ☐ 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
CARMEN LAFAUCI 4505 MADISON ST HOLLYWOOD, FL 33021	Name: ANDREW RAND Street Address (P.O. Box Number is Not Acceptable): 8340 S.W. 41ST City: DAVIE FL Zip Code: 33328

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 _____ 12/11/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CARMEN LAFAUCI - PRES 4505 MADISON ST HOLLYWOOD, FL 33021	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADAM RAND - PRESIDENT 1207 N.W. 76th TERRACE HOLLYWOOD, FL 33023	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ANDREW RAND 8340 S.W. 41ST DAVIE, FL 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CHRISTINE RAND 8340 SW 41ST DAVIE, FL 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$87 12/21	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: X _____ X 12/11/01 954-987-7475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OFFICER / DIRECTOR RESIGNATION

I, Carmen F. LaFauci, hereby resign as President
(Title)

of LaFauci Enterprise Inc.,
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

Carmen LaFauci
(Signature of resigning officer/director)

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E044(9/98)