

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034329

1. Entity Name

FOREIGN FAIRS, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90099 023 ***150.00

Principal Place of Business

Mailing Address

4490 N. FEDERAL HWY
LIGHTHOUSE POINT FL 33064

4490 N. FEDERAL HWY
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

3. Mailing Address

4490 N. FEDERAL HWY

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lighthouse Point, FL

4. FEI Number 65-0919658

Applied For

Not Applicable

Zip 33064

Country USA

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

WOTELL, MARK E
1150 S.W. 17TH STREET
BOCA RATON FL 33486

Name

SAME (No Change)

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

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	D	<input type="checkbox"/> Delete
NAME	WOTELL, MARK E	
STREET ADDRESS	1150 S.W. 17TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOTELL, MATTHEW J	
STREET ADDRESS	1299 S.W. 9TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOTELL, EUGENE J	
STREET ADDRESS	1191 S.W. 17TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOTELL, EUGENE J	
STREET ADDRESS	1150 S.W. 17TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK E. WOTELL 4/30/01 9547860252

CR2E034 (10/00)