## 2002 Uniform Business Report (UBR)

changed, or on an attachment

SIGNATURE:

## Mar 25, 2002 8:00 am Secretary of State P99000034329 **DOCUMENT #** 1. Entity Name FOREIGN FAIRS, INC. 03-25-2002 90134 009 \*\*\*158.75 Principal Place of Business Mailing Address 4490 N. FEDERAL HWY 4490 N. FEDERAL HWY LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address 34ME 1150 SW Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0919658 Not Applicable \$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 WOTELL, MARK E Street Address (P.O. Box Number is Not Acceptable) 1150 S.W. 17TH STREET **BOCA RATON FL 33486** City Zip Code FL 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 reinstating) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (\*(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PROSIDENT DIRECTOR Æ, E CR2E034 (9/01) Change ☐ Delete TITLE Addition WOTELL, MARKE E 1150 SW 1754 ST WOTELL, MARK E NAME NAME 1150 S.W. 17TH STREET STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** BOCA RATON, FL CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME WOTELL MATTHEW J NAME STREET ADDRESS 1299 S.W 9TH STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33186** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition WOTELL, EUGENE J STREET ADDRESS 1191 S.W. 17TH STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete ☐ Addition TITLE 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 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

February 7, 2002

**FILED**