

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056918

1. Entity Name

4REAL FACES INC.

Principal Place of Business

9800 NW 35TH ST
HOLLYWOOD FL 33024

Mailing Address

9800 NW 35TH ST
HOLLYWOOD FL 33024-9004

2. Principal Place of Business

9800 NW 35th St

3. Mailing Address

9800 NW 35th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90059 041 ***150.00



DO NOT WRITE IN THIS SPACE

4. City & State

HOLLYWOOD Florida

City & State

HOLLYWOOD Florida

4. FEI Number

65-0931146

Applied For

Not Applicable

5. Zip

33024

Country

US

Zip

33024

Country

US

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

Name

REID, LORNA
9800 NW 35TH ST.
HOLLYWOOD FL 33024

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 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, 2000 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 President
NAME Lorna Reid
STREET ADDRESS 9800 NW 35th St
CITY-ST-ZIP Hollywood FL 33024

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Lorna Reid - Lorna Reid 4/3/00 954-450-1162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)