

# 2001 UNIFORM BUSINESS REPORT. (UBR)

DOCUMENT #

1. Entity Name

4Real faces Inc.

Principal Place of Business

206 S 15th Ave #3  
Hollywood FL  
33020

Mailing Address

206 S 15th Ave #3  
Hollywood, FL  
33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0931146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

A0084353

6. Name and Address of Current Registered Agent

Reid Loma  
206 S 15th Ave #3  
Hollywood FL  
33020

7. Name and Address of New Registered Agent

Name

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 \$550.00

After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President  
NAME: Reid Loma  
STREET ADDRESS: 206 S 15th Ave #3  
CITY-ST-ZIP: Hollywood FL 33020

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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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:

Signature, typed or printed name of signing officer or director

7/27/01 (954)  
424-4990

CR2E034 (5/01)

Attachment  
# 99-00050918  
7-27-01  
A0084853

To whom it may concern,

I would never intentionally  
be deliquent on this. I never  
received my 2001 report with my new  
address on it. I did in Sept of 2000  
inform the Dept of State of that  
change, but obviously it was not  
received. Thank you, please make the  
corrections. Enclosed is my check.

Thank You

Lorna Reid.