2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003
Secretary of State

DOCUMENT# S48960

Entity Name: FAUX BY CHRISTINE, INC.

Current Principal Place of Business:

FAUX BY CHRISTINE, INC
3782 MATHESON AVE
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

FAUX BY CHRISTINE, INC
6520 SW 116TH STREET
MIAMI, FL 33156 US

Current Mailing Address:

FAUX BY CHRISTINE, INC
3782 MATHESON AVE
COCONUT GROVE, FL 33133 US

New Mailing Address:

FAUX BY CHRISTINE, INC
6520 SW 116TH STREET
MIAMI, FL 33156 US

FEI Number: 65-0267463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNIZE, CHRISTINE
330 MATHESON AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

KNIZE, CHRISTINE
6520 SW 116TH STREET
MIAMI, FL 33156 US

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: CHRISTINE KNIZE 04/11/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KNIZE, CHRISTINE,
Address: 3782 MATHESON AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: V ( ) Delete
Name: WHITEHEAD, JOEY
Address: 3782 MATHESON AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: S ( ) Delete
Name: ANDERSON, DENNIS C
Address: 3782 MATHESON AVE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KNIZE, CHRISTINE,
Address: 6520 SW 116TH STREET
City-St-Zip: MIAMI, FL 33156

Title: V (X) Change ( ) Addition
Name: WHITEHEAD, JOEY
Address: 6520 SW 116TH STREET
City-St-Zip: MIAMI, FL 33156

Title: S (X) Change ( ) Addition
Name: ANDERSON, DENNIS C
Address: 6520 SW 116TH STREET
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE KNIZE PRES 04/11/2003
Electronic Signature of Signing Officer or Director Date