

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90065 006 ***150.00

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1. Entity Name

FACES UNLIMITED CORPORATION

Principal Place of Business

Mailing Address

148 MIRACLE STRIP PKY.
 FORT WALTON BCH. FL 32548

148 MIRACLE STRIP PKY.
 FORT WALTON BCH. FL 32548

00010345



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

148 MIRACLE Strip Pkwy. SE

148 MIRACLE Strip Pkwy. SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Ft. WALTON BEACH, FL.

City & State
 Ft. WALTON BEACH, FL

4. FEI Number **88-0386535**

Applied For
 Not Applicable

Zip
 32548

Country
 OKALOOSA

Zip
 32548

Country
 OKALOOSA

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

SARIA, MIGUEL
 5262 STEWART STREET
 MILTON FL 32750

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	HIGGINS, SHARBRA	5705 LEE STREET WEST	MILTON FL 32570	<input type="checkbox"/>
CVCD	HIGGINS, SHARBRA	5705 LEE STREET WEST	MILTON FL 32570	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PVST.	HIGGINS, SHARBRA	148 MIRACLE STRIP PKWY. SE	Ft. WALTON Bch., FL 32548	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CVCD	HIGGINS, SHARBRA	148 MIRACLE STRIP PKWY. S.E.	Ft. WALTON BEACH, FL 32548	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Sharbra Higgins, president*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARBRA HIGGINS (PRESIDENT)

Date: Feb 1, 2000

Daytime Phone #: (850) 244-0283