

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 11 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000079913**

1. Entity Name

FABULOUS FACES BY RENA, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4411 BEE RIDGE ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

433

City & State

SARASOTA, FL

City & State

4. FEI Number

65-1034852

Applied For
Not Applicable

Zip

34233

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent **(CHANGE)**

Name

LESLIE L. TOTTEN EA

Street Address (P.O. Box Number is Not Acceptable)

2805 TAMiami TRAIL

SUITE B

City

PUNTA GORDA

FL

Zip Code

33950

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

LESLIE L. TOTTEN EA

Leslie L. Totten EA

5-27-03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **D/P/S/T**
NAME: **RENA KUHN**
STREET ADDRESS: **4411 BEE RIDGE RD # 433**
CITY-ST-ZIP: **SARASOTA, FL 34233**

TITLE: **100020777731**
NAME: **06/11/03--01046--009 **150.00**
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

**FABULOUS FACES BY RENA, INC
4411 BEE RIDGE ROAD NO. 433
SARASOTA, FL 34233**


May 27, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

I am enclosing a completed Uniform Business Report for my company. I have not received a renewal package this year. There are two possible reasons for my not having received the package. I have moved my business to Sarasota from Port Charlotte and I was out of the country for several months prior to reopening the business in Sarasota.

I am enclosing the annual fee of \$150.00 and request that you waive the additional fees for filing late since I never received the original package. I am also changing the name and address for the Registered Agent to my accountant's office to avoid this problem in the future. Thank you for your consideration of my request and if I can be of further assistance, please contact me.

Sincerely,

Dr. Rena Kuhn, President