

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90070 022 ***150.00

DOCUMENT # 129186

1. Entity Name

FARREY'S, WHOLESALE HARDWARE CO., INC.

Principal Place of Business

1850 NE 146 ST
 P. O. BOX 619500
 N MIAMI FL 33261-9500
 US

Mailing Address

1850 NE 146 ST
 P. O. BOX 619500
 N MIAMI FL 33261-9500
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0238860

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARREY, F.X.
1850 N.E. 146TH STREET
P.O. BOX 601205
MIAMI FL 33160

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	P	<input type="checkbox"/> Delete
NAME	FARREY, J F	
STREET ADDRESS	1315 BAY TERRACE	
CITY-ST-ZIP	N BAY VILLAGE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARREY, F X, SR	
STREET ADDRESS	104 E SAN MARINO DRIVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FARREY, F X, JR	
STREET ADDRESS	7260 MIAMI LAKEWAY	
CITY-ST-ZIP	MIAMI LAKES, FL 00000	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MARMOL, ANA A	
STREET ADDRESS	1541 BRICKELL AVE, C909	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: JOHN F FARREY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

305-947-5451

Daytime Phone #

CR2E034 (9/99)