

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 129186

1. Entity Name

FARREY'S, WHOLESALE HARDWARE CO., INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90238 014 ***150.00

0325010 AV

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

Zip

Country

Zip

Country

4. FEI Number

59-0238860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 11 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

4/28/2003
Date

305-947-5451
Daytime Phone #

CR2E034 (10/02)