2000 :UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 521092 1. Entity Name FARHAT INDUSTRIES, INC. Principal Place of Business 8774 NORMANDY BLVD. JACKSONVILLE FL 32221 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country Country 6. Name and Address of Current Registered Agent Name

FILED Apr 11, 2000 8:00 am Secretary of State

04-11-2000 90039 034 ***150.00



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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. 1	FEI Number 59-1716522		Applied For Not Applicable		
Zip Country Zip		Country 5.				8.75 Additional ee Required			
6. Name and Address of Current Registered Agent				7. 1	Name and Address of New Reg	istered Ag	ent		
23 (CA2									
FARH 8774 JACH	Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
			City			FL	Zip Cod	e	
8. The above	named entity submits this statement for t	ne purpose of changing its	registered office or	registered ag	ent, or both, in the State of Florid	a.			
SIGNATURE .									
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	. Registered Agent signatu	re required when re	einstating)	DATE			
9. This corne	mation is eligible to satisfy its Intengible—		LFEE:IS:\$150.0	0					
Tax filing requirement and elects to do so. After MAY 1, 2000 Fe				50.00	10. Election Campaign Finan Trust Fund Contribution.	cing		May Be	
(See criteria on back) Make Check Payable to					Rust Fund Contribution.	, ப	Addec	sio rees	
11. OFFICERS AND DIRECTORS			12.	AD	DDITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11	
			TITLE				Change	Addition	
NAME	FARHAT, JOHN	□ Desete	NAME			L			
STREET ADDRESS	8774 NORMANDY BLVD.		STREET ADDRESS					3	
CITY-ST-ZIP)		CITY-ST-ZIP					l	
	JACKSONVILLE FL		-					- Addition	
TITLE	DV	☐ Delete	TITLE			L	Change	☐ Addition	
NAME	FARHAT, JEANETTE Z.		NAME						
STREET ADDRESS	8774 NORMANDY BLVD.		STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP						
TITLE	DV	☐ Delete	TITLE			[Change	☐ Addition	
NAME	IAME FARHAT, ABIE								
STREET ADDRESS	8774 NORMANDY BLVD		STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP						
TITLE	TDV	☐ Delete	TITLE				Change	☐ Addition	
NAME	FARHAT, JOHN		NAME						
STREET ADDRESS	8774 NORMANDY BOULEVARD		STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP						
TITLE		Delete	TITLE				Change	Addition	
NAME			NAME		سبنے یہ دیا دیا	-			
STREET ADDRESS			STREET ADDRESS					i	
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	7ITLÉ	· ·			Change	☐ Addition	
NAME		□ Detete	NAME			L			
STREET ADDRESS			STREET ADDRESS					Ì	
CITY-ST-ZIP			CITY-ST-ZIP					l	
	<u> </u>	1 400			440 07(0)(i) Florido Otal i o ((-16			
13. I hereby of	pertify that the information supplied with the	nis filing does not qualify for	the exemption stat	ed in Section	119.07(3)(i), Florida Statutes. I fu	riner certif	y that the i	intermation	

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:

MULTIPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

904-786-5166

Daytime Phone #