

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91132 007 \*\*\*150.00

**DOCUMENT # 676814**

1. Entity Name  
**FARMINGTON FINANCIAL INVESTMENT CORP.**

Principal Place of Business

**C/O JAMES A. MOLANS  
16100 S. W. 173 AVENUE  
MIAMI FL 33187**

Mailing Address

**C/O JAMES A. MOLANS  
16100 S. W. 173 AVENUE  
MIAMI FL 33187**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2774002**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOLANS, JAMES A.  
16100 S. W. 173RD AVENUE  
MIAMI, FL 33187**

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.

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, 2002 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

TITLE **VPD** ☐ Delete  
NAME **EATON, NICOLE**  
STREET ADDRESS **16100 SW 173RD AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☐ Delete  
NAME **MOLANS, JAMES A.**  
STREET ADDRESS **16100 SW 173RD AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Delete  
NAME **EATON, THOR**  
STREET ADDRESS **16100 SW 173RD AVENUE**  
CITY-ST-ZIP **MIAMI FL 33187**

TITLE **VPD** ☐ Delete  
NAME **COURTOIS, JOAN**  
STREET ADDRESS **16100 SW 173RD AVENUE**  
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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, which I am like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 18, 2002 (416) 929-4508**

Date

Daytime Phone #

CR2E034 (9/01)