

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000003458**

1. Entity Name

FARO USA, INC.**FILED****Apr 06, 2000 8:00 am**
Secretary of State

04-06-2000 90007 038 ***150.00

Principal Place of Business

6746 AVENUE D
SARASOTA FL 34231

Mailing Address

6746 AVENUE D
SARASOTA FL 34231-8807

2. Principal Place of Business

6637 Superior Ave.

Suite, Apt. #, etc.

A

City & State

Sarasota FL

Zip

34231

Country

USA

3. Mailing Address

6637 Superior Ave

Suite, Apt. #, etc.

A

City & State

Sarasota, FL

Zip

34231

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

88-0319409

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORBES, MICHAEL
6746 AVENUE D
SARASOTA FL 34231

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 State10. 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	CP	<input type="checkbox"/> Delete
NAME	FORBES, MICHAEL A	
STREET ADDRESS	6746 AVENUE D	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	FORBES, JOHN S	
STREET ADDRESS	2150 MOUNTAIN VIEW DR.	
CITY-ST-ZIP	ELKO NV 89801	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CAMBIATI, GIUSEPPE	
STREET ADDRESS	LOC. FAVA 91	
CITY-ST-ZIP	RIVERGARO, ITALY 29029	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00**941925 3004**