

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H40228

1. Entity Name

FARREY REALTY INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90037 005 ***150.00

Principal Place of Business

2650 SW 23 TERRACE
102
FT. LAUDERDALE FL 33325
US

Mailing Address

11548 TERRA BELLA BLVD
PLANTATION FL 33325-2900
US

2. Principal Place of Business

1050 MARINA DR

3. Mailing Address

417 E. SHERIDAN ST

Suite, Apt. #, etc.

419

Suite, Apt. #, etc.

PMB #242

City & State

Hollywood FL

City & State

DANIA FL

Zip

33019

Country

USA

Zip

33004-4603

Country

USA

4. FEI Number

59-2493677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARREY, L T
11548 TERRA BELLA BLVD
PLANTATION FL 33325

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

FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so. (See criteria on back) ☐

~~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

TITLE PD
NAME FARREY, LLOYD THOMAS
STREET ADDRESS 2175 STATE RD 84, MARINA BAY, ALIDOS
CITY-ST-ZIP FT. LAUDERDALE FL

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)