

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J96560

1. Entity Name
FARINA FINANCIAL VENTURES, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90012 014 ***550.00

Principal Place of Business

% YVONNE FARINA
1734 SHOREVIEW DR W.
JACKSONVILLE FL 32218

Mailing Address

% YVONNE FARINA
1734 SHOREVIEW DR W.
JACKSONVILLE FL 32218

AW 10 101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1734 Shoreview Dr. W.
Suite, Apt. #, etc.

3. Mailing Address

1734 Shoreview Dr. W.
Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-2852621

Applied For

Not Applicable

Zip

32218

Country

USA

Zip

32218

Country

USA

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

FARINA, YVONNE
1734 SHOREVIEW DR W.
JACKSONVILLE FL 32218

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

Yvonne Farina

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	FARINA, YVONNE ROSE M.	
STREET ADDRESS	1734 SHOREVIEW DR W.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DCT	<input type="checkbox"/> Delete
NAME	FARINA, PETER M.	
STREET ADDRESS	1734 SHOREVIEW DR W.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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:

Yvonne Farina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President Sept. 13, 2000
Date
904-751-0210
Daytime Phone #

CR2E034 (5/00)