

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

0030149 AV

DOCUMENT # J96560

1. Entity Name
FARINA FINANCIAL VENTURES, INC.



04-02-2003 90087 006 ***150.00

Principal Place of Business
**1734 SHOREVIEW DR W
JACKSONVILLE FL 32218
US**

Mailing Address
**1734 SHOREVIEW DR W
JACKSONVILLE FL 32218
US**



2. Principal Place of Business

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

3. Mailing Address

Same
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville, FL

City & State

Same

4. FEI Number **59-2852621**

Applied For
☐ Not Applicable

Zip Country

32218-5522 USA

Zip

Same

Country

Same

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

6. Name and Address of Current Registered Agent

**FARINA, YVONNE
1734 SHOREVIEW DR W.
JACKSONVILLE FL 32218**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **FARINA, YVONNE ROSE M.**
STREET ADDRESS **1734 SHOREVIEW DR W.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DCT** ☐ Delete
NAME **FARINA, PETER M.**
STREET ADDRESS **1734 SHOREVIEW DR W.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **n/a**

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Yvonne Farina (Yvonne Farina) April 1, 2003
President
Date Daytime Phone #

CR2E034 (10/02)