

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K00616

1. Entity Name

FARINA ENTERPRISES, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90285 050 ***150.00

Principal Place of Business

C/O EDWARD J. FARINA
2139 CAMDEN WAY
CLEARWATER FL 33759
US

Mailing Address

C/O EDWARD J. FARINA
2139 CAMDEN WAY
CLEARWATER FL 33759
US

2. Principal Place of Business

1270 Gulf Blvd.

3. Mailing Address

1270 Gulf Blvd.

Suite, Apt. #, etc.

#1502

Suite, Apt. #, etc.

#1502

City & State

Clearwater, FL.

City & State

Clearwater, FL.

Zip

33767

Country

FL

Zip

33767

Country

USA

6. Name and Address of Current Registered Agent

FARINA, EDWARD J.
2139 CAMDEN WAY
CLEARWATER FL 33759

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

Edward J. Farina

EDWARD J. FARINA, President 1-5-01

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 ☐ Delete
NAME FARINA, EDWARD J.
STREET ADDRESS 2139 CAMDEN WAY
CITY-ST-ZIP 1270 Gulf Blvd. #1502
CLEARWATER FL Clearwater, FL. 33767

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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:

Edward J. Farina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. FARINA, Pres. (727) 595-5071
1-5-01 Daytime Phone #

CR2E034 (10/00)