2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K12661						FILED Apr 13, 2000 8:00 am Secretary of State					
R.C. FARRELL, INC.					Secretary of State 04-13-2000 90050 044 ***150.00						
Principal Place of Business Mailing Address											
8300 S.W. 155 TERRACE MIAMI FL 33157 US		8300 S.W. 155 TERRACE MIAMI FL 33157-2157 US					#) 11#1 #1#1F #1#11		1 8/01/184/		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Number 65-0021781 Applied For Not Applicable						
Zip	Country	Zip Count		y 	5. Certificate of Status Des		\$8.75 Additional Fee Required				
	6. Name and Address of Current R	egistered Agent		Name	7. Name a	nd Address of New	Registered Ag	jent		1	
FARRELL, ROBERT C						~		<u>.</u>		4	
1	S.W. 155 TERRACE			Street Address (I	P.O. Box Nurr	iber is Not Acceptabl	e)		<u>-</u>	4	
MIAN	AI FL 33157							, 		4	
		<u> </u>		City			<u> </u>	Zip Code) 		
8. The above	named entity submits this statement for	the purpose of changing its	registered	d office or register	ed agent, or l	both, in the State of F	lorida.				
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	E. Registered a	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 Sta			te	Election Campaign F Trust Fund Contributi	on. 🗌	Added	O May Be to Fees		
11.	OFFICERS AND D		12.		ADDITION	IS/CHANGES TO OF			SIN 11	6	
TITLE NAME STREET ADDRESS I CITY-ST-ZIP	DP Delete FARRELL, ROBERT C. 8300 SW 155TH TERRACE MIAMI FL 33157		TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change Change		CR2E034 (9/99)	
TITLE	DST Delete		TITLE					🗌 Change	Addition	٦٣	
NAME STREET ADDRESS CITY-ST-ZIP	FARRELL, DEBORAH R. 8300 S.W. 155TH TERR. MIAMI FL:33157		NAME STREET	T ADDRESS ST-ZIP							
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET	TADDRESS				🗌 Change	Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME	TADDRESS				Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREE CITY-5	T ADDRESS				Change	Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	CITY-					Change	Addition		
indicated of the cor	certify that the information supplied with the on this report or supplemental report is poration or the receiver of trustee ampoint or on an attachment with an address, or on an attachment with an address, or one and the supplied with the supplicit with the supplied with the suppli	true and accurate and that reled to execute this report	ny signatu as require	ure shail have the ad by Chapter 607	ection 119.07 same legal ef 7, Florida Stat	3)(i), Florida Statutes fect as if made unde utes; and that my nar	r oath; that I an ne appears in	n an officer Block 11 or	nformation or director Block 12 if 5975	-	