

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015714

1. Entity Name

FARAJ FOOD CORP.

Principal Place of Business

2701 HARDING STREET
HOLLYWOOD FL 33020

Mailing Address

2701 HARDING STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

2402 SHERIDAN ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

Zip

Country

Zip

Country

33020

USA

6. Name and Address of Current Registered Agent

SINGER, BERNARD A
4925 SHERIDAN STREET SUITE A
HOLLYWOOD FL 33021

4. FEI Number

65-0981654

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

☒

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 D
NAME FARAJ, SAMIR
STREET ADDRESS 2701 HARDING STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

4.23.01

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90254 047 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)