

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077394

1. Entity Name
FARAH FOODS, INC.

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

04-27-2001 90264 017 ***158.75

Principal Place of Business
2121 PONCE DE LEON BLVD. SUITE #240
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BLVD. SUITE #240
CORAL GABLES FL 33134

2. Principal Place of Business
11635 S.W. 90 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State

4. FEI Number
65-1036420

Applied For
Not Applicable

Zip
33176

Country
USA

Zip

Country

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

PRATS, GABRIEL
2121 PONCE DE LEON BLVD. SUITE #240
CORAL GABLES FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **BALADI, NABIL**
STREET ADDRESS **2121 PONCE DE LEON BLVD. SUITE #240**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete
NAME **FARAH, WILLIAM**
STREET ADDRESS **2121 PONCE DE LEON BLVD. SUITE #240**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete
NAME **FARAH, JULIO**
STREET ADDRESS **2121 PONCE DE LEON BLVD. SUITE #240**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete
NAME **LEQUERICA, RICARDO**
STREET ADDRESS **2121 PONCE DE LEON BLVD. SUITE #240**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete
NAME **FARAH, FREDDY**
STREET ADDRESS **2121 PONCE DE LEON BLVD. SUITE #240**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete
NAME **FARAH, PRATS**
STREET ADDRESS **2121 PONCE DE LEON BLVD. SUITE #240**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
NAME **GABRIEL PRATS**
STREET ADDRESS **2121 PONCE DE LEON SUITE #240**
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

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

NABIL G. BALADI
President

9/16/01

Date

305 440 4420

Daytime Phone #

CR2E034 (10/00)