

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90174 040 \*\*\*158.75

**DOCUMENT # P00000077394**

1. Entity Name  
**FARAH FOODS, INC.**

Principal Place of Business

**11635 SW 90 TERRACE  
 MIAMI FL 33176**

Mailing Address

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

2. Principal Place of Business

**9050 SO. DIXIE HWY**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

Zip

**33156**

Country

Zip

Country

4. FEI Number

**65-1036420**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PRATS, GABRIEL**

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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, 2002 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: **PSTD** ☐ Delete  
 NAME: **BALADI, NABIL**  
 STREET ADDRESS: **2121 PONCE DE LEON BLVD. SUITE #240**  
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 STREET ADDRESS: ☐ Change ☐ Addition  
 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

4/20/02

305-670-0924

Date

Daytime Phone #

CR2E034 (9/01)