

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90328 003 ***150.00

DOCUMENT # P01000072945

1. Entity Name
FALCON HOME IMPROVEMENT, INC.

Principal Place of Business
7160 NW 44TH LN
COCONUT CREEK FL 33073

Mailing Address
7160 NW 44TH LN
COCONUT CREEK FL 33073

2. Principal Place of Business
5925 RAWNSWOOD RD.
Suite, Apt. #, etc.
D-11

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

City & State
DANIA Florida

City & State

4. FEI Number
65-145224

Applied For
Not Applicable

Zip
Broward

Zip
33312

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FARANDA, MARK A
7160 NW 44TH LN
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name
Carlos Gonzalez
Street Address (P.O. Box Number is Not Acceptable)
12950 SW 51 ST
Miami, Florida FL 33175

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 *Mark Faranda* **PRESIDENT** *Carlos Gonzalez*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) **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	D <input type="checkbox"/> Delete
NAME	FARANDA, MARK A
STREET ADDRESS	7160 NW 44TH LN
CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ZARELLA, STEVE
STREET ADDRESS	6731 NW 28TH TERR
CITY-ST-ZIP	FT LAUDERDALE FL 33309
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice Pres
STREET ADDRESS	CARLOS GONZALEZ
CITY-ST-ZIP	12950 SW 51 ST Miami, Florida - 33175
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark Faranda* **MARK FARANDA PRESIDENT** **4/21/02** **561-271-0547**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)