

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90134 033 ***150.00

DOCUMENT # P02000021198

1. Entity Name
FARLAV ENTERPRISES, INC.



Principal Place of Business
2001 HODGES BLVD., #112
JACKSONVILLE FL 32224

Mailing Address
2001 HODGES BLVD., #112
JACKSONVILLE FL 32224

2. Principal Place of Business

1835 WOOD RIVER DR

Suite, Apt. #, etc.

3. Mailing Address

1835 WOOD RIVER DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32246

Country

USA

Zip

32246

Country

USA

4. FEI Number

30-0052645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

TAPIA, TERESA

2001 HODGES BLVD., #112

JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name

TERESA TAPIA

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

2001 HODGES BLVD

1835 WOOD RIVER DR

City

JACKSONVILLE

FL

Zip Code

32246

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/S
STREET ADDRESS	TERESA TAPIA
CITY-ST-ZIP	2001 HODGES BLVD #112 JACKSONVILLE FL 32224
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	FELIX OLIVERAS
CITY-ST-ZIP	2001 HODGES BLVD #112 JACKSONVILLE, FL 32224
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TR
STREET ADDRESS	Luis Oliveras
CITY-ST-ZIP	1835 WOODRIVER DR JAX - FL - 32246
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)