

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2006 8:00 am x1
Secretary of State

04-05-2006 90156 029 ***150.00

DOCUMENT # P03000122525

1. Entity Name

FARAWAY INSPIRATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
883 FLMANGO CT WEST

3. Mailing Address

50009296

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State

4. FEI Number
20-0353654

Applied For
Not Applicable

Zip Country
33406

Zip Country

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

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DAVIS SUAREZ

Street Address (P.O. Box Number is Not Acceptable)
883 FLMANGO CT WEST

City Zip Code
WEST PALM BEACH, FL 33406

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DAVID SUAREZ
883 FLMANGO CT WEST
WEST PALM BEACH, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LIANA SUAREZ
883 FLMANGO CT WEST
WEST PALM BEACH, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #