

DOCUMENT # P94000089421

1. Entity Name
THE FARKAS COMPANY, INC.

Principal Place of Business

22191 POWERLINE RD
BOCA RATON FL 33433

Mailing Address

7890 PALACIO DEL MAR DR.
BOCA RATON FL 33433

2. Principal Place of Business

102 NE 2nd Street
Suite, Apt. #, etc.
PMB 327
City & State
BOCA RATON
Zip
33432
Country
West Palm Beach

3. Mailing Address

102 NE 2nd Street
Suite, Apt. #, etc.
327 PMB
City & State
BOCA RATON
Zip
33432
Country
West Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0540735 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FARKAS, GERALD E
7890 PALACIO DELMA DR
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
GERALD FARKAS
Street Address (P.O. Box Number is Not Acceptable)
102 NE 2nd Street
327 PMB
City
33432 BOCA RATON FL Zip Code
33432

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 *Gerald E Farkas*

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	FARKAS, VANESSA	7890 PALACIO DEL MAR DR.	BOCA RATON FL 33432	<input checked="" type="checkbox"/>
D	FARKAS, BRYAN	7890 PALACIO DEL MAR DRIVE	BOCA RATON FL 33432	<input checked="" type="checkbox"/>
STVP	FARKAS, CELINE	7890 PALACIO DEL MAR DR	BOCA RATON FL 33433	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Gerald E Farkas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)