

2001 UNIFORM BUSINESS REPORT (UBR)

1/22/01

FILED
Feb 19, 2001 8:00 am
Secretary of State

01-22-2001 90090 011 ***150.00

DOCUMENT # P98000016365

1. Entity Name
REINALDO FARINAS, INC.



Principal Place of Business Mailing Address
 4955 N.W. 199TH ST 4955 N.W. 199TH ST
 LOT 118 LOT 118
 OPA LOCKA FL 33055 OPA LOCKA FL 33055

2. Principal Place of Business 3. Mailing Address
5421 NW 179 Terr **5421 NW 179 Terr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Miami Florida **Miami Florida** **65-0830651** Not Applicable
 Zip Country Zip Country
33055 **USA** **33055** **USA**

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

FARINAS, REINALDO
4955 N.W. 199TH ST
LOT 118
OPA LOCKA FL 33055

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARINAS, REINALDO	NAME	Fariñas, Reinaldo
STREET ADDRESS	4955 N.W. 199TH ST	STREET ADDRESS	5421 NW 179 Terr.
CITY-ST-ZIP	OPA LOCKA FL 33055	CITY-ST-ZIP	Opalocka FL 33055
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: **Reinaldo Farinas** Date: **2-1-01** Daytime Phone #: **305-546-0204**

CR2E034 (10/00)