## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000073961 1. Entity Name

## RICHIE FARAONE'S, INC.

Principal Place of Business 2845 25TH AVENUE N. ST. PETERSBURG FL 33713

2. Principal Place of Business 2500() Suite, Apt. #, etc.

---WORTHY-KIM----

2845 25TH AVENUE N. ST. PETERSBURG FL 33713

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

WORTHY, KIM

2845 25TH AVENUE N.

ST. PETERSBURG FL 33713

(See criteria on back)

11.

TITLE

NAME

TITLE NAME

TITLE. NAME

TITLE

TITLE

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIE

CITY-ST-ZIP

CITY-ST-ZIP

City & State

Mailing Address

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

2845 25TH AVENUE N.

ST. PETERSBURG FL 33713-3821

Country

FILE NOW!!! FEE IS \$150.00

Delete

Delete

Delete

☐ Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME STREET AUDRESS

TITLE NAME STREET ADDRESS

TITLE

NAME

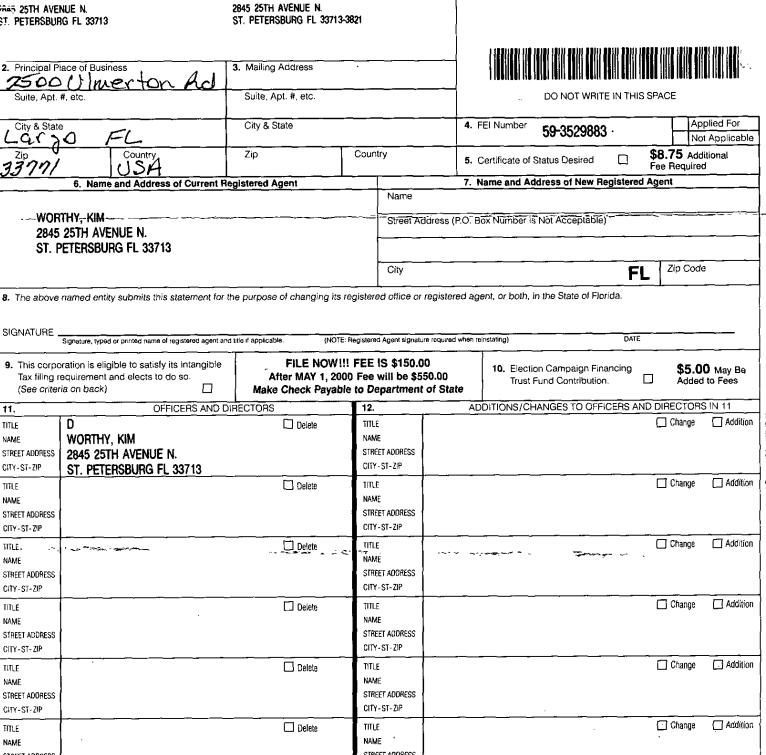
CITY-ST-ZIP

Name

City

## **FILED** May 03, 2000 8:00 am Secretary of State

05-03-2000 90015 050 \*\*\*150.00



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O.14 9/99