

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90062 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000009207	
1. Entity Name FARINAS, INC.	

90139200

Principal Place of Business 4775 COLLINS AVE 3706 MIAMI BEACH, FL 33140	Mailing Address 4775 COLLINS AVE 3706 MIAMI BEACH, FL 33140
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent	
FARINAS, ELENA 4775 COLLINS AVE 3706 MIAMI BEACH, FL 33140	

4. FEI Number 65-0906002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____

FILE NOW! FEES \$150.00
After May 1, 2003, fee will be \$150.00.
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	P FARINAS, LAZARO
STREET ADDRESS	4775 COLLINS AVE. #3706
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	<input type="checkbox"/> Delete
NAME	SV FARINAS, ELENA
STREET ADDRESS	4775 COLLIN AVE 3706
CITY-ST-ZIP	MIAMI BEACH, FL 33140
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 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	
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 officer-like empowered.

SIGNATURE: *[Signature]* **6-6-03 305 532-8707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT
90139200

June 6, 2003

Division of Corporations
Uniform Business Reports
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Annual Report

Farinas, INC.

Certificate P 99000009207

Attached please find annual Renewal Report for the above mentioned corporation and the check in the amount of \$ 150.00 Fees.

I did not received the renewal report on time to file, it may have been lost in the mail.

Please accept the 150.00 Dollars payment and waive the penalty for being late due to the fact that we did not received the Uniform Business Report on time to be filed.

If further information is needed please contact me.

Sincerely,



Elena Farinas
4775 Collins Avenue # 3706
Miami Beach, Florida 33140