

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031717

1. Entity Name

FAYKAR CORPORATION

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90071 022 ***158.75

Principal Place of Business

Mailing Address

4222 ARGENTINE DR N.
JACKSONVILLE FL 32217

4222 ARGENTINE DR N.
JACKSONVILLE FL 32217-4002

2. Principal Place of Business

5895 ST Augustine Rd.

3. Mailing Address

5895 ST Augustine Rd.

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL.

4. FEI Number

59-3568026

Applied For

Not Applicable

Zip

32207

Country

DAVAL

Zip

32207

Country

DUVAI

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

CAMEL, FARID O
4222 ARGENTINE DR N.
JACKSONVILLE FL 32217

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

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, 2000 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 PD
NAME CASSAR, KARINA
STREET ADDRESS 6716 SW 28 COURT
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME CAMEL, MARIA E
STREET ADDRESS 4222 ARGENTINE DR N.
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED
KARINA CASSAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/00

(904) 733-6999

Date

Daytime Phone #

CR2E034 (9/99)