

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060775

1. Entity Name
FARELLO USA, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90038 045 ***158.75

Principal Place of Business

Mailing Address

8600 NW SOUTH DRIVE
STE 228
MEDLEY FL 33166

8600 NW SOUTH DRIVE
STE 228
MEDLEY FL 33166

763200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8600 N.W. South River Dr.

3. Mailing Address

8600 N.W. South River Dr.

Suite, Apt. #, etc.

228

Suite, Apt. #, etc.

228

City & State

Medley, FL

City & State

Medley, FL

Zip

Country

33166

Zip

Country

33166

4. FEI Number 65-0933518

Applied For

Not Applicable

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

FARELLO, MANUEL
8600 NW SOUTH RIVER DRIVE
STE 228
MEDLEY FL 33166

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, 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 PD
NAME FARELLO, MANUEL
STREET ADDRESS 3552 NW 50 STREET
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

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

TITLE SD
NAME LOPEZ, KATIA
STREET ADDRESS 3552 NW 50 STREET
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

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

TITLE T
NAME URZOLA, CARLOS EDUARDO
STREET ADDRESS 3552 NW 50 STREET
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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: M. L. Farello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01 305-863-9090
Date Daytime Phone #

CR2E034 (10/00)