

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90256 027 ***150.00

DOCUMENT # P99000060775

1. Entity Name
FARELLO USA, INC.

Principal Place of Business

8600 NW SOUTH DRIVE
STE 228
MEDLEY FL 33166

Mailing Address

8600 NW SOUTH DRIVE
STE 228
MEDLEY FL 33166

301374

2. Principal Place of Business

14226 N.W. 21 ST.

3. Mailing Address

14226 N.W. 21 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0933518

Applied For

- Not Applicable

Zip

Country

33028

U.S.A

Zip

Country

33028

U.S.A

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)

14226 N.W. 21 ST.

City Pembroke Pines

FL

Zip Code

33028

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, 2002 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** ☐ Delete
NAME **FARELLO, MANUEL**
STREET ADDRESS **3552 NW 50 STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☒ Change ☐ Addition
NAME **14226 N.W. 21 ST.**
STREET ADDRESS **Pembroke Pines, FL**
CITY-ST-ZIP **33028**

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

TITLE ☒ Change ☐ Addition
NAME **14226 N.W. 21 ST.**
STREET ADDRESS **Pembroke Pines, FL**
CITY-ST-ZIP **33028**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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

2/26/02

Date

Daytime Phone #

CR2E034 (9/01)