

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90037 007 ***158.75

DOCUMENT # P99000099375

1. Entity Name

FARSTAD INVESTMENTS OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2300 Coral Way

Suite, Apt. #, etc.

201

City & State

Miami, FL

Zip

33145

Country

USA

3. Mailing Address

2300 Coral Way

Suite, Apt. #, etc.

201

City & State

Miami, FL

Zip

33145

Country

USA

4. FEI Number

650961415

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dade Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2300 Coral Way, Suite 103

City

Miami

FL

33145

**DO NOT WRITE
IN THIS SPACE**

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 (re)incorporating)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Artinano Benito 2300 Coral Way, Miami 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Artinano, Benito Jr. 2300 Coral Way, Miami, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS De Artinano, Pinillos 2300 Coral Way, Miami, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all corporate powers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

305-500-9998

Corporate Phone #

CR2E034B (12/01)