

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101141

1. Entity Name

FARIS MOTORS INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90027 010 ***150.00

Principal Place of Business Mailing Address
1960 S.W. 81ST AVE #208 459 So Dixie Hwy 1960 S.W. 81ST AVE #208
NO. LAUDERDALE FL 33068 POMPAHO BCH NO. LAUDERDALE FL 33068-4770
FL 33060

2. Principal Place of Business 3. Mailing Address
459 So Dixie Hwy 1960 SW 81st Ave #208
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pompano Bch Fl No Lauderdale Fl
Zip Country Zip Country
33060



DO NOT WRITE IN THIS SPACE

4. FEI Number 65 0969 106 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARIS, DIANA
1960 S.W. 81ST AVE #208
NO. LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

TITLE	Pres	<input type="checkbox"/> Delete
NAME	Diana Faris	
STREET ADDRESS	1960 SW 81st Ave #208	
CITY-ST-ZIP	No Lauderdale Fl 33068	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/28/2000 954 726-7833
Date Daytime Phone #

CR2E034 (9/99)