

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90093 021 ***150.00

0162324

DOCUMENT # P97000038509

1. Entity Name
FARFAN CO.

Principal Place of Business
**104 ANTIQUERA AVENUE #1
 CORAL GABLES FL 33134**

Mailing Address
**104 ANTIQUERA AVENUE #1
 CORAL GABLES FL 33134**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**BOWLER, MICHAEL ESQ
 10585 SW 109 CT
 STE 214
 MIAMI FL 33178**

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	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, RAFAEL	
STREET ADDRESS	104 ANTIQUERA AVENUE #1	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEREZ, FELICIA	
STREET ADDRESS	104 ANTIQUERA AVENUE #1	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERNSTEIN, S G	
STREET ADDRESS	PO BOX 3123	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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: *S.G. Bernstein* **FARFAN Co.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/9/2001 Daytime Phone #: 305-773-0615

CR2E034 (10/00)