

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31777**

1. Entity Name

AMERICAN FARMS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 PM 1:33



Principal Place of Business

1484 KEAN AVENUE, S.W.
NAPLES FL 34117

Mailing Address

1484 KEAN AVENUE, S.W.
NAPLES FL 34117-2926

2. Principal Place of Business

3. Mailing Address

P.O. Box 990490

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAPLES FL.

4. FEI Number **59-3074371**

Applied For
Not Applicable

Zip

Country

Zip **341166060** Country **COLORED**

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOMOZA, ALVARO
4709 VIA CARMEN
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name **Christine Somoza**
Street Address (P.O. Box Number is Not Acceptable)
4709 Via Carmen
City **Naples** FL Zip Code **34105**

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 *Christine Somoza* (Managing Director, American Farms) **4/28/00**
Signature, typed or printed name of registered agent or office if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
M70314	FLORIDA RECYCLING CORP.	1484 KEAN AVENUE, S.W.	NAPLES FL		
				000003307570-6	-06/28/00-01042-019 ****08.75 ****08.75
				000003307570-6	06/28/00-01042-020 ****437.50 ****437.50

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Christine Somoza* **4/28/00** **941-455-0300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/9/99)