

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90100 035 *****50.00

DOCUMENT # L02000028547

1. Entity Name

MIDWAY TREE FARMS, LLC



Principal Place of Business

C/O RICHARD N. KRINZMAN, P.A.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

Mailing Address

C/O RICHARD N. KRINZMAN, P.A.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

2. Principal Place of Business

3078 OLD STILL Lane
Suite, Apt. #, etc.

3. Mailing Address

3078 OLD STILL Lane
Suite, Apt. #, etc.
Weston

City & State

Weston, Florida

City & State

Weston, Florida

Zip

33331

Country

USA

Zip

33331

Country

USA

4. FEI Number

63-0881378

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARD N. KRINZMAN, P.A. Legal Information Services
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR **Weston Rd.**
MIAMI FL 33133
Suite 300
Weston, FL 33326

7. Name and Address of New Registered Agent

Name **Ray Greenberg**
Street Address **1290 Weston Rd Suite 300**
City **Weston** FL **33331**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **P.M. ASSOCIATES, INC.**
STREET ADDRESS **2601 S. BAYSHORE DRIVES, 19TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature RE Perry Martin

1-13-03

954 217-3988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)