

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000054864**

1. Entity Name

REDLANDS ROAD FARM CORPORATION**FILED**
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90013 046 ***150.00

0617629

Principal Place of Business 900 INGRAHAM BUILDING 25 SE 2ND AVE MIAMI FL 33131	Mailing Address 900 INGRAHAM BUILDING 25 SE 2ND AVE MIAMI FL 33131
2. Principal Place of Business 6435 SW 94th	3. Mailing Address 6435 SW 94th
Suite, Apt. #, etc.	Suite, Apt. #, etc.

C0037205

DO NOT WRITE IN THIS SPACE

City & State Miami FL	City & State Miami FL	4. FEI Number 65-1014347	Applied For <input type="checkbox"/> Not Applicable
Zip 33156	Country Dade	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURAI WALD BIONDO & MORENO PA 900 INGRAHAM BUILDING 25 SE 2ND AVE MIAMI FL 33131		7. Name and Address of New Registered Agent Name Manuel Vergara Street Address (P.O. Box Number is Not Acceptable) 6435 SW 94th St. City Miami FL 33156	

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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	D VERGARA, MANUEL 25 SE 2ND AVENUE SUITE 900 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S, T vergara, manuel 6435 SW 94th St. Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)