

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P95000023497**  
 1. Entity Name  
**HACIENDA CAREAGA PASO FINO FARMS, INC.**

02-22-2001 90128 008 \*\*\*150.00  
 P95000023497  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION

01 JUN 13 PM 2:42

Principal Place of Business      Mailing Address  
 17900 SW 50 CT                      17900 SW 50 CT  
 FT LAUDERDALE FL 33331          FT LAUDERDALE FL 33331  
 US    US



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      3. Mailing Address  
*Same as*                                  *5121 SW 178th Ave.*

Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
*mailing*                                     

City & State                              City & State      4. FEI Number      Applied For  
*FT Laud Fla. 33331*                      *FT Laud Fla 33331*      **65-0636619**                       Not Applicable  
 Zip    Zip    Country                                      Country  
*33331*    *33331*    *Broward*                                      *Broward*

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

6. Name and Address of Current Registered Agent  
**CAREAGA, BERNARDO**  
 17900 SW 50 CT  
 FT LAUDERDALE FL 33331

7. Name and Address of New Registered Agent  
 Name *Martha Careaga*  
 Street Address (P.O. Box Number is Not Acceptable) *17900 SW 50 CT*  
 City *FT. Lauderdale*      FL      Zip Code *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.  
 SIGNATURE *Martha Careaga*  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAREAGA, BERNARDO</b> 17900 SW 50 CT FT LAUDERDALE FL 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAREAGA, MARTHA</b> 17900 SW 50 CT FT. LAUDERDALE FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Martha Careaga</b> 17900 SW 50 CT FT. LAUDERDALE, Florida 33331 <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
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
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
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)(f), 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: *Martha Careaga*      *Feb 14 2001*      *(305) 8222957*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CFR2034 (10/00)