

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90011 041 \*\*\*550.00

**DOCUMENT # P98000038924**

1. Entity Name  
**AMERIFARMA, INC.**

Principal Place of Business  
 1402 S. BRICKELL BAY DRIVE  
 APT. 803  
 COCONUT GROVE FL 33131

Mailing Address  
 1402 S. BRICKELL BAY DRIVE  
 APT. 803  
 COCONUT GROVE FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3379 SW 3rd Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3379 SW 3rd Ave**  
 Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33145** Country

Zip  
**33145** Country

4. FEI Number **65-0835439** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, VICTOR M**  
**WHITE & CASE LLP**  
**200 S. BISCAYNE BLVD., SUITE 4900**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GUILLERMO, ORTIZ</b>	
STREET ADDRESS	<b>1402 BRICKELL BAY DR.(803)</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **SIGNATURE REQUIRED** *[Signature]* Date: **7/28/2000** Daytime Phone #: **305-854-4446**