

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007697

**DOCUMENT # L01000020449**

1. Entity Name  
**SELECTA FARMS LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAY 14 PM 2:04  
ML  
5/29

Principal Place of Business  
**2665 S. BAYSHORE DR., STE. 703  
MIAMI FL 33133**

Mailing Address  
**2665 S. BAYSHORE DR., STE. 703  
MIAMI FL 33133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip Country Zip Country

4. FEI Number  
**02-0550074**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WORLD CORPORATE SERVICES, INC.  
2665 S. BAYSHORE DR., STE. 703  
MIAMI FL 33133**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE **MGR**  Delete  
NAME **MEJIA, JUAN**  
STREET ADDRESS **2665 S. BAYSHORE DR., STE. 703**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR**  Delete  
NAME **MEJIA, ELENA**  
STREET ADDRESS **2665 S. BAYSHORE DR., STE. 703**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**000005508930--4**  
**-05/14/02--01046--005**  
**\*\*\*1126.25 \*\*\*650.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Timothy D. Richards **Timothy D. Richards 4/29/02 (305) 858-9900**

CR2E083 (9/01)