### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752670

Entity Name: ARAPAHOE FARMS, INC.

**Current Principal Place of Business:** 

8751 W. BROWARD BLVD. 400 PLANTATION, FL 33324

## **Current Mailing Address:**

P.O. BOX 19439 PLANTATION, FL 33318 US

# FEI Number: 59-2191475

Name and Address of Current Registered Agent:

VALANCY, STEVEN S 311 SE 13 STREET FORT LAUDERDALE, FL 33316 US FILED Mar 04, 2021 Secretary of State 8669122936CC

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Unicen/Direc	cior Detair.		
Title	DIRECTOR	Title	DIRECTOR, PRESIDENT
Name	CORNBLATT, GAIL	Name	UNGAR, MIRIAM
Address	3330 SW 59 ST	Address	5810 SW 33 TER
City-State-Zip:	HOLLYWOOD FL 33312	City-State-Zip:	FORT LAUDERDALE FL 33312
Title	DIRECTOR	Title	DIRECTOR, TREASURER
Name	COPLOWITZ, BARBARA	Name	EVER, JUDAH H
Address	5901 SW 33 LANE	Address	3321 SW 59 STREET
City-State-Zip:	HOLLYWOOD FL 33312	City-State-Zip:	FT. LAUDERDALE FL 33312
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR KRANT, ELIZABETH	Title Name	DIRECTOR ZORMAN, GREG
Name	KRANT, ELIZABETH	Name	ZORMAN, GREG
Name Address	KRANT, ELIZABETH 5821 SW 33 TERRACE	Name Address	ZORMAN, GREG 5730 ARAPAHOE ROAD
Name Address City-State-Zip:	KRANT, ELIZABETH 5821 SW 33 TERRACE HOLLYWOOD FL 33312	Name Address City-State-Zip:	ZORMAN, GREG 5730 ARAPAHOE ROAD HOLLYWOOD FL 33312
Name Address City-State-Zip: Title	KRANT, ELIZABETH 5821 SW 33 TERRACE HOLLYWOOD FL 33312 DIRECTOR, VP	Name Address City-State-Zip: Title	ZORMAN, GREG 5730 ARAPAHOE ROAD HOLLYWOOD FL 33312 DIRECTOR, SECRETARY
Name Address City-State-Zip: Title Name	KRANT, ELIZABETH 5821 SW 33 TERRACE HOLLYWOOD FL 33312 DIRECTOR, VP HOFFMAN, JAMES	Name Address City-State-Zip: Title Name	ZORMAN, GREG 5730 ARAPAHOE ROAD HOLLYWOOD FL 33312 DIRECTOR, SECRETARY BEN-EZRA, MARC

## Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: UNGAR	, MIRIAM
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PRESIDENT

03/04/2021

Date

Electronic Signature of Signing Officer/Director Detail

Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	EISENMANN, MARC
Address	3350 SW 57 PL
City-State-Zip:	HOLLYWOOD FL 33312