

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 239710

1. Entity Name

IORI FARMS, INC.

Principal Place of Business

PO BOX 3005
FLORIDA CITY FL 33034

Mailing Address

PO BOX 3005
FLORIDA CITY FL 33034

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GOLD, MYRON
2900 SW 28TH TERRACE
7TH FLOOR
MIAMI FL 33133

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 \$150.00
After MAY 1, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	IORI, PETER JR	
STREET ADDRESS	20410 SW 360TH STREET	
CITY-ST-ZIP	FLORIDA CITY FL 33034-4103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	IORI, SIMONA	
STREET ADDRESS	20410 SW 360TH STREET	
CITY-ST-ZIP	FLORIDA CITY FL 33034-4103	
TITLE	SD	<input type="checkbox"/> Delete
NAME	IORI, DAVID	
STREET ADDRESS	20410 SW 360TH STREET	
CITY-ST-ZIP	FLORIDA CITY FL 33034-4103	
TITLE	TD	<input type="checkbox"/> Delete
NAME	IORI, PETER A	
STREET ADDRESS	20410 SW 360TH STREET	
CITY-ST-ZIP	FLORIDA CITY FL 33034-4103	
TITLE	AVD	<input type="checkbox"/> Delete
NAME	IORI, ELAINE M	
STREET ADDRESS	20410 SW 360TH STREET	
CITY-ST-ZIP	FLORIDA CITY FL 33034-4103	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	WEBB, DENISE I	
STREET ADDRESS	20410 SW 360TH STREET	
CITY-ST-ZIP	FLORIDA CITY FL 33034-4103	

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
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
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:

Peter A. Iori
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-2000

Date

305-247-3557

Daytime Phone #

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90043 049 ***558.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0955803

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

CR2F034 (9/99)