

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 239710

1. Entity Name  
IORI FARMS, INC.

Principal Place of Business Mailing Address  
PO BOX 3005 PO BOX 3005  
FLORIDA CITY FL 33034 FLORIDA CITY FL 33034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0955803

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLD, MYRON  
2900 SW 28TH TERRACE  
7TH FLOOR  
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

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 PD  
NAME IORI, PETER JR  
STREET ADDRESS 20410 SW 360TH STREET  
CITY-ST-ZIP FLORIDA CITY FL 33034-4103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME IORI, SIMONA  
STREET ADDRESS 20410 SW 360TH STREET  
CITY-ST-ZIP FLORIDA CITY FL 33034-4103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME IORI, DAVID  
STREET ADDRESS 20410 SW 360TH STREET  
CITY-ST-ZIP FLORIDA CITY FL 33034-4103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME IORI, PETER A  
STREET ADDRESS 20410 SW 360TH STREET  
CITY-ST-ZIP FLORIDA CITY FL 33034-4103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AVD  
NAME IORI, ELAINE M  
STREET ADDRESS 20410 SW 360TH STREET  
CITY-ST-ZIP FLORIDA CITY FL 33034-4103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ASD  
NAME WEBB, DENISE I  
STREET ADDRESS 20410 SW 360TH STREET  
CITY-ST-ZIP FLORIDA CITY FL 33034-4103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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* Peter A. Iori

Aug 30, 2001

305-247-3557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Sep 06, 2001 8:00 am  
Secretary of State

09-06-2001 90050 043 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)