

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

02-22-2001 90135 018 \*\*\*150.00

**DOCUMENT # 375006**

1. Entity Name

**RANCHO GRANDE FARMS, INC.**

Principal Place of Business

**RANCHO GANDE FARMS INC**  
**12850 LURAY RD**  
**FT. LAUDERDALE FL 33330**  
**US**

Mailing Address

**190 N.E. 199 STREET**  
**SUITE 101**  
**NORTH MIAMI BEACH FL 33179**  
**US**

2. Principal Place of Business

3. Mailing Address

**20486 W. Dixie Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**N. Miami Beach, FL**

4. FEI Number

**59-1313969**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33180**

**USA**

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

**GARAZI, SOLOMON**  
**10101 COLLINS AVENUE**  
**APT. 17-A**  
**BAL HARBOUR FL 33154**

**20486 W. Dixie Hwy**  
**N. Miami Beach, FL**  
**33180**

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

**SOLOMON GARAZI**

**2/15/2001**

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 **P**  
NAME **GARAZI, SOLOMON**  
STREET ADDRESS **2025 NE 19TH TERRACE**  
CITY-ST-ZIP **N. MIAMI FL**

**20486 W. Dixie Hwy**  
**N. Miami Beach, FL 33180**

TITLE **VPS**  
NAME **GARAZI, ISAAC**  
STREET ADDRESS **19821 N.E. 19TH AVE**  
CITY-ST-ZIP **NORTH MIAMI BCH FL**

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SOLOMON GARAZI - President**

**2/15/01**

Date

Daytime Phone #

**305 692 1699**

CR2E034 (10/00)