

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90046 020 ****61.25

DOCUMENT # 752670

1. Entity Name

ARAPAHOE FARMS, INC.

Principal Place of Business

Mailing Address

**P/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318**

**C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318
US**

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 **59-2191475**

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

**CASTLE MANAGEMENT INC.
4450 W SUNRISE BLVD
C-100
PLANTATION FL 33313**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CORNBLATT, GAIL**
STREET ADDRESS **3330 S.W. 59 ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **CORNBLATT-ARONSKY, GAIL**
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **SCHWARTZ, JEAN**
STREET ADDRESS **3321 S.W. 57TH PL.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **D** ☐ Delete
NAME **HOFFELD, CATHY**
STREET ADDRESS **5811 SW 33RD LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **D** ☐ Delete
NAME **COPLIN, ALAN**
STREET ADDRESS **3340 SW 59 ST**
CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **D** ☒ Delete
NAME **PLATI, MARCI**
STREET ADDRESS **5910 NW 33RD LANE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **FARKAS, ERIC**
STREET ADDRESS **5810 SW 33 TER.**
CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE **D** ☐ Delete
NAME **GREENBERG, LAURENCE A**
STREET ADDRESS **5911 SW 33RD LANE**
CITY-ST-ZIP **FT LAUDERDALE FL**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gail Cornblatt* **1/23/02 (954) 792-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DOESIGNATT** Date Daytime Phone #

CR2E037 (9/01)