## 2000 UNIFORM BUSINESS REPORT (UBR)

## A96000001377 DOCUMENT # May 02, 2000 8:00 am Secretary of State 1. Entity Name CENTRAL FARMS, LTD. Mailing Address Principal Place of Business 2320 N.W. 147TH STREET 2320 N.W. 147TH STREET MIAMI FL 33054-3128 MIAMI FL 33054 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0680930 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent # c --6. Name and Address of Current Registered Agent Name DORMOY, ERIC Street Address (P.O. Box Number is Not Acceptable) 2320 N.W. 147TH STREET MIAMI FL 33054 Zip Code City 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) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. 577794 DOCUMENT# STREET ADDRESS MAS INVESTMENTS, INC. NAME 2320 N.W. 147TH STREET STREET ADDRESS CITY-ST-ZIP -06/09/00--01109--018 MIAMI FL 33054 CITY-ST-ZIP \*\*\*\*141.25 \*\*\*\*141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-Z# DOCUMENT # STREET ADDRESS NAVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CRY-SY-ZE CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER