

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F05979

1. Entity Name

MATADOR FARMS, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90106 022 \*\*\*150.00

Principal Place of Business

14411 S. DIXIE HWY  
STE 206  
MIAMI FL 33176  
US

Mailing Address

14411 S. DIXIE HWY  
STE 206  
MIAMI FL 33176-7939  
US

2. Principal Place of Business

3. Mailing Address

11367 S.W. 85 Lane  
Suite, Apt. #, etc.

11367 S.W. 85 Lane  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number 59-2084301

Applied For  
Not Applicable

Zip Country  
33173 U.S.A.

Zip Country  
33173 U.S.A.

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

FAGEN, MILDRED  
14411 S. DIXIE HWY  
STE 206  
MIAMI FL 33176

Name  
MILDRED H. FAGEN  
Street Address (P.O. Box Number is Not Acceptable)  
11367 S.W. 85 Lane  
City  
Miami FL Zip Code  
33173

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 Mildred H. Fagen 4-11-00  
Signature, typed or printed name of registered agent and title (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FAGEN, MILDRED H  
STREET ADDRESS 14411 S. DIXIE HWY, STE 206  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11367 S.W. 85 Lane  
CITY-ST-ZIP Miami, Florida 33173

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Mildred H. Fagen 4-11-00 (305-596-1107)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)