

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K18663

1. Entity Name

EL LLANO FARM, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90150 007 ***150.00

Principal Place of Business	Mailing Address
2891 SW 128TH AVENUE MIAMI FL 33175 US	2891 SW 128TH AVENUE MIAMI, FLORIDA MIAMI FL 33175-2005 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0036702	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE VILLIERS, LUIS 2891 S.W. 128TH AVENUE MIAMI FL 33175	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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																				
<table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DE VILLIERS, LUIS</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2891 S.W. 128TH AVENUE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DE VILLIERS, MILAGROS</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2891 S.W. 128TH AVENUE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL</td><td></td></tr><tr><td>TITLE</td><td>STD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>PEREZ, PEDRO</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2350 S.W. 22ND TERR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>PEREZ, MARIA M.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2350 S.W. 22ND TERR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	DE VILLIERS, LUIS		STREET ADDRESS	2891 S.W. 128TH AVENUE		CITY-ST-ZIP	MIAMI FL		TITLE	D	<input type="checkbox"/> Delete	NAME	DE VILLIERS, MILAGROS		STREET ADDRESS	2891 S.W. 128TH AVENUE		CITY-ST-ZIP	MIAMI FL		TITLE	STD	<input type="checkbox"/> Delete	NAME	PEREZ, PEDRO		STREET ADDRESS	2350 S.W. 22ND TERR.		CITY-ST-ZIP	MIAMI FL		TITLE	D	<input type="checkbox"/> Delete	NAME	PEREZ, MARIA M.		STREET ADDRESS	2350 S.W. 22ND TERR.		CITY-ST-ZIP	MIAMI FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																																			
NAME	DE VILLIERS, LUIS																																																																																																																																				
STREET ADDRESS	2891 S.W. 128TH AVENUE																																																																																																																																				
CITY-ST-ZIP	MIAMI FL																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																			
NAME	DE VILLIERS, MILAGROS																																																																																																																																				
STREET ADDRESS	2891 S.W. 128TH AVENUE																																																																																																																																				
CITY-ST-ZIP	MIAMI FL																																																																																																																																				
TITLE	STD	<input type="checkbox"/> Delete																																																																																																																																			
NAME	PEREZ, PEDRO																																																																																																																																				
STREET ADDRESS	2350 S.W. 22ND TERR.																																																																																																																																				
CITY-ST-ZIP	MIAMI FL																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																			
NAME	PEREZ, MARIA M.																																																																																																																																				
STREET ADDRESS	2350 S.W. 22ND TERR.																																																																																																																																				
CITY-ST-ZIP	MIAMI FL																																																																																																																																				
TITLE		<input type="checkbox"/> Delete																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: _____ Date: 4-19-00 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS DE VILLIERS

CR2E034 (9/99)