FILED Jan 23, 2003 8:00 am

Secretary of State

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

K22374 DOCUMENT # 01-23-2003 90154 024 ***158.75 1. Entity Name EMERALD FARMS, INC. Principal Place of Business Mailing Address % ELLIOTT HARRIS 9800 NW 17TH STREET SUITE 1 111 S.W. 3RD ST MIAMI FL 33172 **MIAMI FL 33130** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0049955 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 111 S.W. 3RD ST 6TH FLOOR **MIAMI FL 33130** 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. I am familiar with, and accept the obligations of registered agent. 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition VARELA, ALVARO NAME NAME 9475 NW 13TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-7IP CITY-ST-ZIP AS TITLE Delete TITLE Change Addition HARRIS, ELLIOTT NAME NAME 111 S.W. 3RD ST STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-7IP CITY-ST-ZIP ۷Ď TITLE ☐ Delete TITLE Change ☐ Addition VARELA, MARIO NAME NAME 9475 NW 13TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Delete TITLE Change ☐ Addition VARELA, MARIO STREET ADDRESS 9475 NW 13TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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