

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K24672

1. Entity Name
SOLRED FARMS, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90496 017 ***150.00

Principal Place of Business

16851 N US HWY 441
BEDDICK FL 32686
US

Mailing Address

190 N.E. 199 ST
STE 101
NORTH MIAMI BEACH FL 33179
US

814447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16851 N. US Hwy 441
Suite, Apt. #, etc.

3. Mailing Address

20486 W. Dixie Hwy
Suite, Apt. #, etc.

City & State

Reddick, FL

City & State

N. Miami Beach, FL

4. FEI Number 65-0057737

Applied For

Not Applicable

Zip

32686

Country

US

Zip

33180

Country

US

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

GARAZI, SOLOMON
2025 N.E. 197TH TERR.
N. MIAMI BEACH FL 33179

20486 W. Dixie Hwy
N. Miami Beach, FL
33180

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]

SOLOMON GARAZI

2/15/01

Signature, typed or printed name of registered agent and title if 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, 2001 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 P
NAME GARAZI, SOLOMON
STREET ADDRESS 10101 COLLINS AVE, APT. 17A
CITY-ST-ZIP BAL HARBOUR FL 33154

20486 W. Dixie Hwy
N. Miami Beach, FL 33180

TITLE VP
NAME BERENS, FRED
STREET ADDRESS 5589 PINETREE DR.
CITY-ST-ZIP MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

[Signature] SOLOMON GARAZI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

305 692-1699
Date Daytime Phone #

CR2E034 (10/00)