

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93822

1. Entity Name

5 ACRES NURSERY & FOOD, INC.

Principal Place of Business

22681 SW 258 ST  
22681 SW 258 ST  
HOMESTEAD FL 33031

Mailing Address

20909 SW 124TH AVE RD  
22681 SW 258 ST  
MIAMI FL 33177  
US

2. Principal Place of Business

3. Mailing Address

20909 SW 124 Ave Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Miami, Florida

4. FEI Number 65-0135776

Applied For

Not Applicable

Zip Country

Zip Country

33177

United States

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

BAKSH, FAZUL  
22681 SW 258 ST  
SUITE 2  
HOMESTEAD FL 33031

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, 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 D  
NAME BAKSH, FAZUL  
STREET ADDRESS 20909 S.W. 124 AVENUE RD  
CITY-ST-ZIP MIAMI FL

TITLE  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90022 015 \*\*\*158.75

718501



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)