

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 24, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000011404**1. Entity Name
FARMS TO GO, L.L.C.

Principal Place of Business 15588 SW 625 ST. MIAMI FL 33193	Mailing Address 15588 SW 625 ST. MIAMI FL 33193
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2. Principal Place of Business 2928 NW 72 AVE Suite, Apt. #, etc.	3. Mailing Address 2928 NW 72 AVE Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33122	Country	Zip 33122	Country
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4. FEI Number 65-1045741	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HUERTAS SAMUEL 15588 SW 625 ST. MIAMI FL 33193	7. Name and Address of New Registered Agent Name HUERTAS SAMUEL Street Address (P.O. Box Number is Not Acceptable) 2928 NW 72 AVE City MIAMI FL Zip Code 33122
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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 _____ 02/24/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUERTAS SAMUEL OMANAGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7901 NW 21 STREET MIAMI FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUERTAS & HUERTAS ASOC. LIMITADA, LC <input type="checkbox"/> Delete 7901 NW 21 STREET MIAMI FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete COMPANIA DE FLORES DE EXPORTACION COFLEXPO CALLE 75, NO. 23-09, BOGOTA COLUMBIA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SAMUEL O. HUERTAS MGRM 02/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)