

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

FILED

2003 JUL - 8 AM 11:51

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

06-17-2003 90001002 150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000031062
1. Entity Name NORTHLAND FARMS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business BOYNTON BEACH FL Suite, Apt. #, etc.		3. Mailing Address 510 BROAD HOLLOW RD Suite, Apt. #, etc. SUITE 301 City & State MELVILLE Zip NY 11747		Country SUFFOLK
City & State		City & State		Country
Zip	Country	Zip	Country	

4. FEI Number 37-1449148	Applied For Not Applicable
------------------------------------	--------------------------------------

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name NATIONAL CORPORATE RESEARCH INC	
Street Address (P.O. Box Number is Not Acceptable) 1408 HAYS STREET, SUITE 2	
City TALLAHASSEE	Zip Code FL 32301

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER JAMES NORTH 510 BROAD HOLLOW RD MELVILLE NY 11747	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	MANAGING MEMBER	02/01/03	516 474-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)