FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am Secretary of State DOCUMENT # L30066 1. Entity Name 05-08-2002 90113 028 ***150.00 FERRUARI DAIRY FARMS, INC. Principal Place of Business Mailing Address 950 SW 87TH TERRACE 950 SW 87TH TERRACE PLANTATION FL 33324 PLANTATION FL 33324 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0158139 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 Name FERRUCHO, RENE Street Address (P.O. Box Number is Not Acceptable) 950 SW 87TH TERRACE PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See griteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITLE ☐ Change Addition NAME FERRUCHO, VICTOR NAME STREET ADDRESS STREET ADDRESS 950 SW 87TH TERRACE CITY-ST-ZIP **PLANTATION FL 33324** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FERUCHO, RENE NAME STREET ADDRESS STREET ADDRESS 950 SW 87TH TERRACE CITY-ST-7IP CITY-ST-ZIP **PLANTATION FL 33324** TITLE ☐ Delete TITLE ■ Addition NAME FERRUCHO, YOLANDA NAME STREET ADDRESS STREET ADDRESS 950 SW 87TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

☐ Delete

Change

☐ Addition