

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000089

1. Entity Name

INTERAMERICAN FARMS, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 PM 12: 00

Principal Place of Business  
1287 W. ATLANTIC BOULEVARD  
POMPANO BEACH FL 33069

Mailing Address  
1287 W. ATLANTIC BOULEVARD  
POMPANO BEACH FL 33069-2919



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  
65-0645157

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY & COMPANY, INC.  
1287 W. ATLANTIC BOULEVARD  
POMPANO BEACH FL 33069

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
LEVY & COMPANY, INC.  
1287 W. ATLANTIC BOULEVARD  
POMPANO BEACH FL 33069

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TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

600003123506-6  
-02/04/00-01004-008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Alan J. Levy, Pres  
Levy & Company, Inc 1/25/00

Date

954-785-9400

Daytime Phone #