***2000 UNIFORM BUSINESS REPORT (UBR)**

| DOCUMENT # L9600000089 1. Entity Name INTERAMERICAN FARMS, L.C. | | | | | SECRETARY OF STATE DIVISION OF CORPORATIONS 00 FEB - 1 PM 12: 00 | | | |
|--|--|---|------------------|---------------------------|---|------------------|----------------------|-----------------|
| Principal Place of Business Mailing Address | | | | | 7 | OU LEB | - 1 PM 12 | : 00 |
| 1287 W. ATLANTIC BOULEVARD 1287 W. ATLANTIC | | | .EVARD | | | | | |
| POMPANO BEACH FL 33069 POMPANO BEACH FL 330 | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | 1 10011611 910 10115 01711 90 | { | IC BOILL BEILE FOLD! | 18118 1811 1881 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | WRITE IN THI | S SPACE | | |
| | | | | | | | | |
| City & State | | City & State | | | 4. FEI Number 65-0645157 Applied For Not Applied For | | | |
| Zip Country | | Zip Coun | | ntrv | | | | |
| | _ | <u> </u> | | | 5. Certificate of Status Desir | ed 🔲 | Fee Require | |
| | 6. Name and Address of Current R | egistered Agent | Name of the last | 7. Name and Address of No | w Registere | d Agent | , | |
| Name | | | | | | | | |
| LEVY & COMPANY, INC. | | | | Street Addres | ss (P.O. Box Number is Not Accept | able) | | |
| 1287 W. ATLANTIC BOULEVARD POMPANO BEACH FL 33069 | | | | | | | | - |
| POMPAIN | D DEAUTI FL 33009 | | | City | | | ■ Zip Coc | la. |
| | | | | City | | F | | C |
| 8. The above | named entity submits this statement for | the purpose of changing its | register | ed office or regis | stered agent, or both, in the State of | f Florida. | | |
| <u>=</u> | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent an | d title if applicable. (NOT | E: Registere | ed Agent signature requ | uired when reinstating) | DATE | | |
| | | EII E M | OWIII | FEE IS \$50.0 | 10 | | | |
| | r | Make Check Pa | | • | i | | | |
| | | | .yu | | | | | |
| 9. | MANAGING MEMBE | · | 10. | | | NS/CHANG | | <u>.</u> |
| TITLE | MGRM | ☐ Delete | TITL Nam | | 60000 | 312 | 3566 | |
| NAME STREET ADDRESS | LEVY & COMPANY, INC. 1287 W. ATLANTIC BOULEVARD | | 1 | EET ADDRESS | -02. | /04/00- | -01004 | -บบ8 |
| CITY-81-ZIP | POMPANO BEACH FL 33069 | | CITY | Y-ST-ZIP | ** | ₩ * 50.0 | 」 未来未来 | ·50.00 |
| TITLE | | ☐ Delete | TITL | LE | | | Change | Addition |
| NAME | | | NAM | AE Eet adoress | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | Y-\$T-ZIP | $\sim 10^{\circ}$ | | | |
| TITLE | | ☐ Delete | TITL | LE | | ··· | Changa | Addition |
| MAME | to the second se | | | 1€, æ&~⊅, ,~ | | | ** | |
| STREET ADDRESS CITY-ST-ZIP | | | | EET ABDRESS Y-ST-ZIP | \ | | | |
| TITLE | | Delete | TITL | | | | Change | Addition |
| RAME | | pages | NAN | | | | | |
| STREET ADDRESS | , | | - 1 | EET ADDRESS | • | | | |
| CITY-ST-ZIP | | | _ | r-\$t-zip | | | Ab | - عمامرو |
| TITLE Name | and the second second | ☐ Detate | TITL | | | | Change | Addition |
| STREET AUDRESS | | | | EET ADDRESS | | | | |
| CITY 8T-ZIP | | | CITY | f-\$1-ZIP | | | | _ |
| TITLE | | ☐ Dalete | FITL | | | | Change | Addition |
| RAME STREET ADDRESS | , | | NAN STR | AL ÉET ADDRESS | | | | • |
| CITY-8T-ZIP | i | | - 1 | f- ST-ZIP | _ | | | |
| 11. I hereby o | certify that the information supplied with to on this report is true and accurate and ti | his filing does not qualify fo | r the exe | emption stated in | Section 119.07(3)(i), Florida Statu | tes. I further o | ertify that the i | nformation |
| indicated limited lia | on this report is true and accurate and to bility company or the receiver or trustee | at my signature snall have empowered to execute this | report a | s required by Ch | n made under bain; that i am a m papter 608, Florida Statutes. | ы ауну пет | oor or manage | v Or mie |
| li | ardh las | | Ala | ² η 75. | Lesy, Mrs, , | _ | | |
| SIGNAT | URE: | UME KEUU | Leve | y Compa | ny Inc 1/25/00 | 93 | 4-785 | -9400 |
| | SIGNATURE AND TYPED OF PRINT | ED NAME OF SIGNING MANAGING | MEMBER | OR MANAGER 4 | • Dáte | | Daytime Phone # | |