

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N49741

FILED
Jan 22, 2002 8:00 AM
Secretary of State

Entity Name: FARM SHARE, INC.

Current Principal Place of Business:

UNIT #12
STATE FARMERS MARKET
FLORIDA CITY, FL 330343414 US

New Principal Place of Business:

Current Mailing Address:

UNIT #12
STATE FARMERS MARKET
FLORIDA CITY, FL 330343414 US

New Mailing Address:

FEI Number: 65-0342192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, PATRICIA
7763 SW 178 ST
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HARTZ, CHARLES
Address: 25 TAHITI BEACH ISLAND
City-St-Zip: CORAL GABLES, FL

Title: PD () Delete
Name: ROBBINS, PATRICIA,
Address: 7763 SW 178 ST.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: KIRBY, TOM
Address: 1850 OLD DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33030

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: WAINWRIGHT, ANN
Address: 2520 BETTON WOODS CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Change (X) Addition
Name: ADIR, SHILO
Address: 900 PARK AVE
City-St-Zip: NEW YORK, NY 10021

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ROBBINS

PD

01/22/2002

Electronic Signature of Signing Officer or Director

_____ Date