2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700005309

1. Entity Name



Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90711 034 ****61.25

FILED

NC.	HIIT FARMS PROPERTY OW	TALLIO AGGOGIATION,	OF THE PROPERTY OF THE PROPERT	7			
Principal Pla 6750 56TH S' VERO BEACH		Mailing Address 6750 56TH STREET VERO BEACH FL 32967					
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65	4. FEI Number 65-0852539 Applied For Not Applied		
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired F	8.75 Add	litional
	6. Name and Address of Current	t Registered Agent		7. Name and Addre	ess of New Registered A	gent	
			Name				
SHAMOO, TONIA 6750 56TH STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
VERU B	EACH FL 32967		1				
			City		FL	Zip Code	9
8. The above	e named entity submits this statement for	or the purpose of changing its re	edistered office or regist	tered agent, or both, in th		noiline with	
the obliga	tions of registered agent.	and the proof of the same and the	igitation of region	tered agent, or both, in the	ie state di Florida. Tamija	miliar with, i	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 5	Registered Agent signature requi			 .	
		(NOVE.)	registered Agent signature redui	red when reinstating)	DATE		
		9. Election Camp			\$5.00 May Be Make Check Payable to Florida Department of State		_
.				Added to Fees			
10.	OFFICERS AND DI	Trust Fund Cor		Added to Fees	Florida Departn	nent of S	tate
·	OFFICERS AND DI DP SHAMOO, TONIA 6750 56TH STREET	Trust Fund Cor	ntribution.	Added to Fees	Florida Departn	nent of S	tate
10. TITLE NAME STREET ADDRESS	OFFICERS AND DII DP SHAMOO, TONIA 6750 56TH STREET VERO BEACH FL 32967 DVST STRAFELLA, JANET	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGES	Florida Departn	ment of S	tate
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ESQUIRED

2-20-2023