FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE:

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P00000003545 1. Entity Name ROLEX FARMS CORP. 04-30-2002 90045 004 ***158.75 Principal Place of Business Mailing Address 4800 S.W. 64TH AVE., STE, 102B 4800 S.W. 64TH AVE., STE, 102B 839397 DAVIE FL 33314 DAVIE FL 33314 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0249603 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UCC FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition CR2E034 (9/01 Delete TITLE NAME MARSHALL, ERIC NAME STREET ADDRESS 4800 S.W. 64TH AVE., STE. 102B STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33314** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME . NAME PARADISO, LINDA STREET ADDRESS 4800 S.W. 64TH AVE., STE. 102B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 333141 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🚅 : 🗀 Delete TITLE PLE to 1 TITLE Change ☐ Addition NAME NAME 29 WY OK F 2 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. 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