

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018588

1. Entity Name

SACRAMENTO FARMS FLORIDA, INC.

Principal Place of Business

1200 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131

Mailing Address

1200 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131

2. Principal Place of Business

200 So. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 2000

City & State

Miami, Florida

Zip

33131-2310 USA

3. Mailing Address

200 So. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 2000

City & State

Miami, Florida

Zip

33131-2310 USA

4. FEI Number

65-0987605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGIM REGISTERED AGENTS, INC.

1200 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131

Name (Last)

James M. Meyer, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Kilpatrick Stockton LLP

Suite 2000

200 So. Biscayne Boulevard

Miami, Florida

FL

Zip Code

33131-2310

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

James Meyer, Esq. March 1, 2001

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FOGACA DE AGUIAR, SEBASTIAO	
STREET ADDRESS	1200 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fogaca de Aguiar, Sebastiao	
STREET ADDRESS	Suite 2000	
CITY-ST-ZIP	200 So. Biscayne Boulevard	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

SFA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/2001

Date

Daytime Phone #

FILED  
May 23, 2001 8:00 am  
Secretary of State

05-07-2001 90005 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)