


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -6 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000018588 1. Entity Name SACRAMENTO FARMS FLORIDA, INC.	
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 701 Brickell Avenue Suite, Apt. #, etc. Suite 1650 City & State Miami, Florida Zip 33131 Country U.S.A.		3. Mailing Address 701 Brickell Avenue Suite, Apt. #, etc. Suite 1650 City & State Miami, Florida Zip 33131 Country U.S.A.	
--	--	--	--

DO NOT WRITE IN THIS SPACE

03

4. FEI Number 65-0987605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name James M. Meyer, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue	
Suite 1650	
City Miami	FL Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fogaca de Aguiar, Sebastiao 701 Brickell Avenue, Suite 1650 Miami, Florida	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400018031194 05/06/03--01016--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

03