

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000065605**
1. Entity Name **Farmed Gift & Shop Inc**



FILED

03 JAN 16 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7205 NW 19 ST
Suite, Apt. #, etc. **103**

3. Mailing Address
7205 NW 19 ST
Suite, Apt. #, etc. **103**

City & State
Miami, Florida
Zip **33126** Country

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Miami Florida
Zip **33126** Country

4. FEI Number **65-1030790**
Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name **Tarazona Carlos A**
Street Address (P.O. Box Number is Not Acceptable) **7205 NW 19 ST Suite 103**
City **Miami** FL Zip Code **33126**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January - 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 **Vice President**
NAME **Tarazona, Maria**
STREET ADDRESS **7205 NW 19 ST Suite 103**
CITY-ST-ZIP

TITLE **President**
NAME **Tarazona, Carlos A.**
STREET ADDRESS **7205 NW 19 ST Suite 103**
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Carmen Gift & Shop, Inc.
7205 NW 19th Street, Suite 103
Miami, Florida 33126
(305) 436-9697

January 9th, 2003

Florida Department of State
Jim Smith
Secretary of State
Attn: Barbara Mitchell
Document Specialist

Ref. Number: P00000065605

Dear Mrs. Mitchell,

This is in response to your letter regarding the dissolution of Carmen Gift & Shop, Inc., for failure to file its 2002 corporate annual report/uniform business report form.

After carefully reviewing the corporation's records, we have found that a payment in the amount \$150.00 was made on April 4th, 2002 to J. Arenas & Associates, Inc, our former outside accounting services provider, along with the Uniform Business Report form with the purpose of renewing my license. Apparently, payment was never reported to your agency. However, check # 1161 cleared the bank the same day it was written.

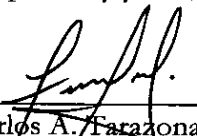
The above mentioned service provider was in charge of maintaining the business records in accordance with proper accounting guidelines as well as sales tax computation, bank statement reconciliation and Financial Statement analysis and reports. Nevertheless, the overlapping of responsibilities and inefficient administration skills along with the failure to provide accuracy in their services has led the company to a severe struggle in the Accounting Department.

On October 2002, we were required to hire a professional accountant who has audited and reconciled the entire year in order to fix errors previously made as well as develop new record-keeping and administrative strategies that will keep me from going out of business.

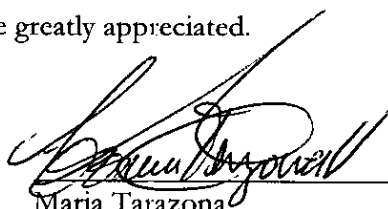
Please find enclosed another check for \$150.00 along with the Uniform Business Report for the renewal of year 2002. We will kindly ask you to waive the \$600.00 reinstatement fee and the \$88.75 corporate supplemental fee since we were not aware of this issue until we received your correspondence.

Your prompt attention to this matter will be greatly appreciated.

Respectfully yours,



Carlos A. Tarazona
President



Maria Tarazona
Vice President