

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
05-27-2002 90474 030 \*\*\*150.00

DOCUMENT # **P00000090186**  
1. Entity Name  
**KBK Farm, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>21350 SW 203AV</b> Suite, Apt. #, etc. <b>#73</b> City & State <b>Miami, FL</b> Zip <b>33177</b> Country <b>DADE</b>		3. Mailing Address <b>15202 SW 168 TER</b> Suite, Apt. #, etc. City & State <b>Miami, FL</b> Zip <b>33187</b> Country <b>DADE</b>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1049295</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 **FAUSTO L. LABRADA JR**  DATE **5/1/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D LABRADA, FAUSTO</b> <b>15202 SW 168 TERR. MIAMI, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FIGUEROA, MANUEL.</b> <b>11861 SW 205 TERR.</b> <b>Miami, FL 33177.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. CAMPUZANO, BERNARDO.</b> <b>12709 SW 188 ST. MIAMI, FL.</b> <b>→ (DELETE) ←</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **5/1/02** Daytime Phone # **305-265-6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR