

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 14, 2001 8:00 am**  
**Secretary of State**

06-14-2001 90006 019 \*\*\*150.00

DOCUMENT # P00000094590

1. Entity Name

FLORENCIA FARM INC

Principal Place of Business

Mailing Address

4451 NW 74TH AVE  
 MIAMI FL 33166 - SAME

2. Principal Place of Business

4451 NW 74TH AVE

3. Mailing Address

4451 NW 74TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI-FL

City & State

MIAMI FL

4. FEI Number

65-104-8963

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0071182

6. Name and Address of Current Registered Agent

Eduardo A LUXARDO  
 6024 PINE TREE DR  
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name EDMUNDO FRANCISCO CORTEZ

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

650 QUAIL AVE

City

MIAMI SPRING

FL

Zip Code

33166

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 of officer or director of registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

06-20-01

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 President  
 NAME EDMUNDO FRANCISCO CORTEZ  
 STREET ADDRESS 650 QUAIL AVE  
 CITY-ST-ZIP MIAMI SPRING FL 33166 ☐ Delete

TITLE VICEPRESIDENT  
 NAME EDUARDO A LUXARDO  
 STREET ADDRESS 6024 PINE TREE DR  
 CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Delete

TITLE TREASURY  
 NAME OSWALDO ERAZO  
 STREET ADDRESS MIAMI SPRING  
 CITY-ST-ZIP FL 33166 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-20-01 305-8896659