

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90011 048 ***550.00

DOCUMENT # P00000103043

1. Entity Name
FARMANET, INC.

Principal Place of Business
**1125 WATERSIDE CIR
 WESTON FL 33327**

Mailing Address
**1125 WATERSIDE CIR
 WESTON FL 33327**

2. Principal Place of Business

3. Mailing Address

4416 Magnolia Ridge Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WESTON FLORIDA

4. FEI Number

65-1117308

Applied For

☒ Not Applicable

Zip

Country

Zip
33331

Country

USA

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

**REY, CAMILO
 1125 WATERSIDE CIR
 WESTON FL 33327**

Name
REY CAMILO

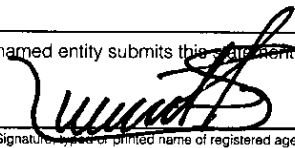
Street Address (P.O. Box Number is Not Acceptable)
4416 MAGNOLIA RIDGE DR

City
WESTON

FL

Zip Code
33331

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  **Sept 10 / 2001**

Signature of office or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
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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 Block 12 if changed, or on an attachment with an address, with signature like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Sept 10 / 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)