

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90008 047 \*\*\*158.75

DOCUMENT # P00000104681

1. Entity Name

THE COUNTRY FARMER, CORP.

Principal Place of Business

3510 OAKS WAY #408  
POMPANO BEACH FL 33069

Mailing Address

3510 OAKS WAY #408  
POMPANO BEACH FL 33069

2. Principal Place of Business

3793 SW 152 PL

3. Mailing Address

3793 SW 152 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1068846

☒ Applied For

☐ Not Applicable

Zip

33185

Country

USA

Zip

33185

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A  
782 NW 42 AVE STE 638  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed 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 \$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	DP	<input type="checkbox"/> Delete
NAME	INCIARTE, DOUGLAS	
STREET ADDRESS	3510 OAKS WAY #408	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	INCIARTE, MARIA A	
STREET ADDRESS	3510 OAKS WAY #408	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMERO, MARISELA B	
STREET ADDRESS	3510 OAKS WAY #408	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INCIARTE, DOUGLAS	
STREET ADDRESS	3793 SW 152nd PL	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INCIARTE, MARIA A.	
STREET ADDRESS	3793 SW 152nd PL	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALZA, MARISELA	
STREET ADDRESS	3793 SW 152nd PL	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INCIARTE, RAFAEL ANTONIO	
STREET ADDRESS	3793 SW 152nd PL	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INCIARTE, DOUGLAS J.	
STREET ADDRESS	3793 SW 152nd PL	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INCIARTE, ASTOLFO DE JESUS	
STREET ADDRESS	3793 SW 152nd PL	
CITY-ST-ZIP	MIAMI FL 33185	

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

01/24/01

Date

305-4809876

Daytime Phone #

CR2E034 (10/00)