

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90326 026 ***150.00

DOCUMENT # P00000104947

1. Entity Name

LA'QUEBRADA FARM CORP.



Principal Place of Business

~~1840 W. 49TH ST., SUITE 404~~
~~HALEAH FL 33012~~

Mailing Address

~~1840 W. 49TH ST., SUITE 404~~
~~HALEAH FL 33012~~

40009075



2. Principal Place of Business

1200 NW 78 AVENUE

3. Mailing Address

1200 NW 78 AVENUE

Suite, Apt. #, etc.

216

Suite, Apt. #, etc.

216

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

Zip

33126

Country

4. FEI Number

65-1091262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CERNADAS, HERNAN C

~~1840 W. 49TH ST., SUITE 404~~

~~HALEAH FL 33012~~

7. Name and Address of New Registered Agent

Name

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

1200 NW 78 AVENUE

STE. #216

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME D
STREET ADDRESS CERNADAS, HERNAN C
CITY-ST-ZIP ~~1840 W. 49TH ST., SUITE 404~~
~~HALEAH FL 33012~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
HERNAN C. CERNADAS
DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)