

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105991
1. Entity Name

TORRESDALE FARMS, INC.

Principal Place of Business Mailing Address
00 S. Biscayne Blvd. 200 S. Biscayne Blvd.
Suite 4000 Suite 4000
Miami, Florida 33131 Miami, Florida 33131

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65-1060782 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Klock, Joseph P. Jr.
200 S. Biscayne Blvd.
Suite 4000
Miami, Florida 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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

| OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------|
| LE AE REET ADDRESS Y-ST-ZIP | Director/President/ Secretary/Treasurer Joseph P. Klock, Jr. 200 S. Biscayne Blvd., #4000 Miami, FL 33131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| LE AE REET ADDRESS Y-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | LS 800004194968--8 -05/11/01--01019--004 ****150.00 ****150.00 |
| LE AE REET ADDRESS Y-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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]* *Pres. J. T.* 4/27/01 305/577-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
01 APR 30 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA