

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
FILED
03 MAR 21 PM 12:14
03 MAR 21 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P0000105991

1. Entity Name
TORRESDALE FARMS, INC.



Principal Place of Business Mailing Address
200 S. BISCAYNE BLVD., SUITE 4000 200 S. BISCAYNE BLVD., SUITE 4000
MIAMI, FL 33131 MIAMI, FL 33131

200014901822
03/28/03--01018--005 **\$150.00

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



CHECK HERE IF MAKING CHANGES

03

4. FEI Number Applied For
65-1060782 Not Applicable
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
KLOCK, JOSEPH P JR.
200 S. BISCAYNE BLVD., SUITE 4000
MIAMI, FL 33131
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when renewing)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST KLOCK, JOSEPH P JR. 200 S. BISCAYNE BLVD., SUITE 4000 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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: Joseph P. Klock, Jr. 02.10.03 35.577.2877
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR One Cayman Phone #
Joseph P. Klock, Jr., President

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