

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90023 033 ***150.00

DOCUMENT # P01000014229

1. Entity Name
F & K FARM, INC.

Principal Place of Business
18310 SW 192ND ST.
MIAMI FL 33187

Mailing Address
18310 SW 192ND ST.
MIAMI FL 33187



DO NOT WRITE IN THIS SPACE

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	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ESTEBAN
16451 NW 84TH AVENUE
MIAMI FL 33016

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 _____ (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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALBERTO	
STREET ADDRESS	18310 SW 192ND ST.	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIVERO, FELIX	
STREET ADDRESS	15420 SW 305TH ST	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ-ESTEBAN	
STREET ADDRESS	16451 NW 84TH AVE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DANIEL M	
STREET ADDRESS	10621 SW 66TH TR.	
CITY-ST-ZIP	MIAMI FL 33173	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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  **REQUIRE** **RODRIGUEZ** **4/23/02** **305-253-2700**
 _____ Date Daytime Phone #

CR2E034 (9/01)