

FOR PROFIT CORPORATION**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** P 01000044031

1. Entity Name

VELEZ FARM, INC.**FILED****May 02, 2002 8:00 am**
Secretary of State

05-02-2002 90055 009 ***150.00

DO NOT WRITE IN THIS SPACE**2. Principal Place of Business****13443 SW 152 LANE****3. Mailing Address****13443 S.W. 152 LANE**

Suite, Apt. #, etc.

1602

Suite, Apt. #, etc.

1602

City & State

Miami, Florida

City & State

Miami, Florida**4. FEI Number****65-1104305**☒ **Applied For**

Not Applicable

Zip

33177

Country

Miami-Dade

Zip

33177

Country

Miami-Dade**5. Certificate of Status Desired** ☐**\$8.75 Additional
Fee Required****7. Name and Address of Current Registered Agent**

Name

Melba Velez

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

13443 S.W. 152 Lane # 1602

City

Florida**FL**Zip Code
33177**DO NOT WRITE
IN THIS SPACE****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)** ☒**January 1 - May 1 Fee is \$150.00****After May 1, Fee is \$550.00****Amended UBR is \$81.25****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**
NAME
STREET ADDRESS
CITY - ST - ZIP
P, T.
Melba Velez
13443 SW 152 Lane #1602
Miami, FL. 33177**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
V, S.
Francisco Velez
13443 SW 152 Lane #1602
Miami, FL. 33177**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE**
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CITY - ST - ZIP**DO NOT WRITE
IN THIS SPACE****13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melba Velez
President

Date

Daytime Phone #