

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90088 020 ***150.00

DOCUMENT # P01000047820

1. Entity Name
VERANDA FARMS, INC.



Principal Place of Business
**5700 LAKE WORTH RD
SUITE 211
LAKE WORTH FL 33414**

Mailing Address
**5700 LAKE WORTH RD
SUITE 211
LAKE WORTH FL 33414**



2. Principal Place of Business

5700 LAKE WORTH RD.

Suite, Apt. #, etc.

SUITE 211

City & State

LAKE WORTH, FLORIDA

Zip

33463

Country

USA

3. Mailing Address

5700 LAKE WORTH RD

Suite, Apt. #, etc.

SUITE 211

City & State

LAKE WORTH, FLORIDA

Zip

33463

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1106465

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDRADE, PATRICIA
15605 OCEAN BREEZE LANE
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

ANDRADE PATRICIA

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

13755 GREENTREE TRAIL

City

WELLINGTON

FL

Zip Code

33414

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
NAME **ANDRADE, ALFONSO**
STREET ADDRESS **13755 GREENTREE TRAIL**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE **S** ☐ Delete
NAME **ANDRADE, PATRICIA**
STREET ADDRESS **13755 GREENTREE TRAIL**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE **VP** ☐ Delete
NAME **PUENTE, RAUL**
STREET ADDRESS **3782 MOON BAY CIRCLE**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL A. PUENTE

01/10/03

Date

561-968-8869

Daytime Phone #

CR2E034 (10/02)