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FILED

02 OCT 24 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

38352 [redacted]

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000048811

1. Entity Name
O.K. FEED & Supply, Inc.

Principal Place of Business	Mailing Address
22801 SW 177TH AVE MIAMI FL 33170 US	22801 SW 177TH AVE MIAMI FL 33170 US

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1105546 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Jeff J Butt
12221 SW 251 st
NAranjo. Fl 33032

7. Name and Address of New Registered Agent
Name Jeff J. Butt
Street Address (P.O. Box Number is Not Acceptable) 12221 SW 251 St
City Naranja FL Zip Code 33032

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] 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)

FEE NOW ... $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jeff Butt 12221 SW 251st NAranjo, Fl 33032 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS Ana Butt 12221 SW 251St NAranja, Fl 33032 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 03/27/02 (305) 246.3333
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #