

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90061 005 ***150.00

DOCUMENT # P01000063795

1. Entity Name
QUALITY FARMS, INC.

Principal Place of Business **Mailing Address**
231 ALTARA AZVENUE **231 ALTARA AZVENUE**
CORAL GABLES FL 33146 **CORAL GABLES FL 33146**

2. Principal Place of Business **3. Mailing Address**
3900 N.W. 79th Avenue **3900 N.W. 79th Avenue**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**
Suite #336 **Suite #336**

City & State **City & State**
Miami, Florida **Miami, Florida**

Zip **Country** **Zip** **Country**
33166 **USA** **33166** **USA**

4. FEI Number **Applied For**
65-1122657 **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

RAMIREZ, MARILYN
231 ALTARA AZVENUE
CORAL GABLES FL 33146

Name
Street Address (P.O. Box Number is Not Acceptable)
3900 N.W. 79th Avenue
Suite #336
City **FL** **Zip Code**
Miami **33166**

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **ORTIZ, JUAN M**
STREET ADDRESS **231 ALTARA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☒ **Change** ☐ **Addition**
NAME **3900 N.W. 79th Avenue, Suite #336**
STREET ADDRESS **Miami, Florida 33166**
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **RAMIREZ, MARILYN**
STREET ADDRESS **231 ALTARA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☒ **Change** ☐ **Addition**
NAME **3900 N.W. 79th Avenue, Suite #336**
STREET ADDRESS **Miami, Florida 33166**
CITY-ST-ZIP

TITLE ☐ **Delete**
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-02 **305-4770700**
Date Daytime Phone #

CR2E034 (9/01)