

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070947

1. Entity Name
MF FARMS, INC.

Principal Place of Business
855 MONROE ST
IMMOKALEE FL 34142

Mailing Address
855 MONROE ST
IMMOKALEE FL 34142

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

65-1131149

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CATZ, ROCHELLE Z
6381 PRESIDENTIAL CT, STE A
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name: Mateo F. Ayala
Street Address (P.O. Box Number is Not Acceptable)
855 Monroe St

City Immokalee FL Zip Code 34142

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.

Mateo F. Ayala

5-20-02

(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 D
NAME AYALA, MATEO F
STREET ADDRESS 855 MONROE ST
CITY-ST-ZIP IMMOKALEE FL 34142 ☐ Delete

TITLE D
NAME AYALA, MELISSA
STREET ADDRESS 855 MONROE ST
CITY-ST-ZIP IMMOKALEE FL 34142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mateo F. Ayala

4/19/02

(941) 657-3727

Date

Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

05-01-2002 91578 035 ***150.00

30484



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)