CR2E034 (10/02)

FILED

Secretary of State

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000106101

1. Entity Name

PLASENCIA FARM, INC.



Principal Place of Business Mailing Address 11801 SW 72 STREET 11801 SW 72 STREET MIAMI FL 33183 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1147890 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OVIES, IDA C Street Address (P.O. Box Number is Not Acceptable) 2307 DOUGLAS RD **MIAMI FL 33145** City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition PLASENCIA, JESUS JR NAME NAME 11801 SW 72 STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME PLASENCIA, JESUS SR NAME STREET ADDRESS 11801 SW 72 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 - Delete TITLE TITLE Change ☐ Addition NAME PLASENCIA, GLADYS NAME STREET ADDRESS STREET ADDRESS 11801 SW 72 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 TITLE ☐ Delete TITLE Change ☐ Addition PLASENCIA, LOURDES NAME NAME STREET ADDRESS 11801 SW 72 STREET STREET ADDRESS CITY-ST-ZIP CITY~ST-ZIP MIAMI FL 33183 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied ental 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 impowered to execute this poor as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

of the corporation or the receiver changed, or on an attachment

nadoffess, with all other like emp

Date

Daytime Phone #