## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P02000019810

1. Entity Name S.F.B. FARMS, INC.



## **FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90176 028 \*\*\*150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE P GONZALEZ, LEANDRA 7371 NW 35TH STREET CITY-ST-ZIP  TITLE V GONZALEZ, SANDY 7371 NW 35TH STREET MIAM! FL 33122  TITLE V GONZALEZ, SANDY 7371 NW 35TH STREET MIAM! FL 33122  TITLE V GONZALEZ, SANDY 7371 NW 35TH STREET MIAM! FL 33122  TITLE V GONZALEZ, SANDY 7371 NW 35TH STREET MIAM! FL 33122  TITLE V GONZALEZ, SANDY 7371 NW 35TH STREET MIAM! FL 33122  TITLE Delete TITLE  Delete TITLE  C Change Addition				COO WE IN			
Suite, Apt. #, atc.   Suite, Apt. #, atc.   Suite, Apt. #, atc.   City & State   City & Cit	7371 NW 35TH	STREET	P.O. BOX 522324				
City & State  Country  Country  S. Certificate of Status Desired  S. Certificate of Status Desired Agent  S. Certificate of Status Desired	2. Principal Pla	ace of Business	3. Mailing Address			BACC  OBIEL IEBIU LOIDE TUIRLI	JAFA DAFA INDI
The Above named only submits this statement for the purpose of changing its registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered with a statement for the purpose of changing its registered office or registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered with a statement for the purpose of changing its registered office or registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the State of Portice, I am familiar with, and accept the obligations of registered alignen, or both, in the St	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF	- MAKING CHANGES	
Country   Country   Country   Country   Country   Country   S. Certification of Status Desired   S8.75 Additional Fee Report   Fee Report	City & State		City & State			<u> </u>	
GONZALEZ, SANDY A  Sitrost Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Added to Fisses  City Siz Zip  MiAM FL 33122  City Siz Zip	Zip	Country	Zip	Country			
GONZALEZ_SANDY A 7371 NW 35TH STREET MIAMI FL 33122  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Department of State 1 and accept the obligation of Florida Department of State 1 and accept the obligation of Florida Department of State 1 and accept the obligation of Florida Department of State 1 and accept the obligation of Florida Department of State 1 and accept the obligation of Florida Department of State 1 and accept the obligation of Florida Department of State 1 and accept the obligation of Florida Department of State 1 and accept the obligation of Florida Department of State 1 and accept the obligation of Florida Department of State 1 and accept the obligation		6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Re	gistered Agent	
### City   FL   Zip Code      City   FL   Zip Code				Name			
### Addition  #### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ###################################		•		Street Addres	ss (P.O. Box Number is Not Acceptable)		
B. 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    Symmers, beet or present named inegistered agent.   (NOTE: Registered Agent signature recursed when recorded when recorded agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   (NOTE: Registered Agent signature recursed when recorded when re				City		Zip Code	e
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FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	8. The above the obligation	named entity submits this statemen ons of registered agent.	it for the purpose of changing i	ts registered office or regis	stered agent, or both, in the State of Flor	ida. ) am iamiliar wilii,	and accept
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12. I hereby certify that the information supplied with this filling 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: