2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED Apr 17, 2003 8:00 am Secretary of State

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|---|--|--|---------------------------------|---------------------------------|--|--|--------------------|-------------------------|-----------------|
| DOCUMENT # P02000020577 1. Entity Name BPS FARMS, INC. | | | | | | 02-10-2003 90150 |) 04 3 **** | "138./3 | |
| Principal Place of Business Mailing Address 9819 STATE RD. 7 9019 STATE RD. 7 80YNTON BEACH FL 33437 BOYNTON BEACH FL 33437 | | | | 37 | | | 85.8 | | |
| | | | | | | | | | |
| Principal Place of Business Mailing Addres | | | 3. Mailing Address | S | | | | #4+ 1 mm 1 mp1 | |
| Suite, Apt. #, etc, | | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING C | HANGES | | • |
| City & State | | | City & State | | | FEI Number 01-0626908 | | olied For Applicable |] |
| Zip Country | | Country | Zip | Country | 5. | S | 8.75 Addit | tional | 1 |
| } | - I | and Address of Current Re | nistered Anent | | 7 | Name and Address of New Registered Ag | | | 1 |
| }- - | e. Name i | ING AGGIVES OF CUITERS NO | gistered Agent | - Name | | Hallo alta Adalesa of How Hegister oo Ag | | | 1 - |
| GLICKMAN, GARRY M ESQ. | | | : | | reet Address (PO. Box Number is Not Acceptable) | | | | |
| 1601 FORUM PLACE, STE. 1101 | | | | | <u> </u> | | | | 4 |
| WEST PALM BEACH FL 33401 | | | | i | | · | | | |
| | | | | City | F L | | | | |
| | | | ne purpose of changing its | registered office | or registered a | agent, or both, in the State of Florida. I am fan | niliar with, a | nd accept | |
| the obliga | itions of register | red agent. | | | | n more division of a second | | | 1 |
| SIGNATURE | | · | The second second second second | - 42° · | | 12 To the second of the second | | <u> </u> | 1 |
| SIGNATURE | Signature, typed or | printed name of registered agent and | title if applicable. (NOTE | : Registered Agent sign | sture required when | reinstating) DATE | | : | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 | | | | ap 28 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | | |
| Make Chec | k Payable to | Florida Department of S | tate | | d. , . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | 1 |
| 10. | | OFFICERS AND DI | RECTORS | 11. | A | ADDITIONS/CHANGES TO OFFICERS AND D | IRECTORS | IN 11 |]_ |
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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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

BULLULATURE PER COURT SAND OFFICER OR DIRECTOR

2.6-03 561.369.788