

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011346

1. Entity Name

EQUITOR FARM, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90004 041 ***150.00

Principal Place of Business

Mailing Address

12251 N.W. 18TH AVENUE
CITRA FL 32113

12251 N.W. 18TH AVENUE
CITRA FL 32113-3960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3175183

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TORTORA, BEVERLEY
12251 N.W. 18TH AVENUE
CITRA FL 32113

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	TORTORA, EMANUEL	
STREET ADDRESS	600 SW 69 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TORTORA, JACQUELINE	
STREET ADDRESS	600 SW 69 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TORTORA, STEVEN	
STREET ADDRESS	12251 NW 18 AVE	
CITY-ST-ZIP	CITRA FL	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	TORTORA, BEVERLEY	
STREET ADDRESS	12251 NW 18 AVE	
CITY-ST-ZIP	CITRA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TORTORA, RICHARD	
STREET ADDRESS	12253 NW 18 AVE	
CITY-ST-ZIP	CITRA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TORTORA, MARY	
STREET ADDRESS	12253 NW 18 AVE	
CITY-ST-ZIP	CITRA FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Beverley Tortora BEVERLEY TORTORA, VP 2-9-00 368-1665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)