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## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** P93000019053 1. Entity Name LATIF FARMS INC.

## FILED Aug 25, 2002 8:00 am Secretary of State 08-25-2002 90216 018 \*\*\*550.00

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Principal Pla	ace of Business	Mailing Address	**!					
201-S.BISC/		201_S.BISCAYNE BLVD		.				
- MIAMI CENT	<del>FER #3150 →</del>	MIAMI CENTER #3150						
-US-	3131	- MIAMI FL 33131				<b>88</b> 00 <b>88</b> 00 00 00 1800	<b>4678</b> 1 <b>67188</b> 7131 1 <b>48</b> 1	
	Place of Business							
	5 N.W. 2 I STREET	3. Mailing Address	) a I STE		I SMOTLOOL TIO ININO ISTIC DOICE OF HE	8 DI FI <b>8 G</b> I GI BI I BI A	ANTOL DILAN ILIU INDI	
Suite, Ap		Suite, Apt. #, etc.	3 1 3 1 <u>2</u>	36.1	· DO NOT WRITE	IN TURE CDACE		
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City & Sta	+MI, FL 33122	City & State Mignife	L 3312	<u>4.</u>	FEI Number <b>65-0398685</b>		Applied For Not Applicable	ie
331		33122	Country	5.	Certificate of Status Desired	\$8.75 Fee Re	Additional quired	
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Reg	Istered Agent		コ
LATIF M	IOHAMED S		Name					
		Ju 21 STREG	Street Ad	dress (P.O. E	Box Number is Not Acceptable)			$\dashv$
-#STE-31	2004 WE DEAD 1 4 85 22 1	V CO CO TOTAL			<del>-</del> -			4
- MIAMI-FI	MIAM	, FL 3316	າລ					
		•	J 011.9			The last the second	Code	7
8. The above	e named entity submits this statement fo	r the purpose of changing its r	egistered office or i	registered ag	ent, or both, in the State of Florid	la. I am familiar	with, and accep	-
The obliga	ations of registered agent.	e i Pintanera e ilai Pintanera e ince			,		***** . *	-{
SIGNATURE		PRINDENT.			08/1	3/2002		1
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	e required when re	einstating)	DATE		
9. This corp	oration is eligible to satisfy its Intangible requirement and elects to do so.		FEE IS \$550.0		10. Election Campaign Finan	cina <b>t</b>	· = 00	7
	eria on back)	After September 13, Make Check Payabl	2002 Fee will be e to Department	\$750.00 of State	Trust Fund Contribution.	· ~ ~ \	5.00 May Be dded to Fees	
11.	.OFFICERS AND		12.		DITIONS/CHANGES TO OFFICE	DO AND DIRECT	TO 00 111 11	_
TITLE	DPTS	☐ Delete	TITLE		DITIONS/CHANGES TO OFFICE	Cha		,   ն
NAME	LATIF, MOHAMED SIDIK		NAME			C Olla	nge 🔲 Addition	(4)
STREET ADDRESS CITY-ST-ZIP	201 S:BISCAYNE BLVD #3150-	7925Nm218	STREET ADDRESS					18
TITLE	MIAMI FL 33131- U	1AMI, FL 33122						CR2E034 (4/02
NAME	Į	☐ Delete	TITLE NAME			☐ Chai	nge 🔲 Addition	.   ö
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NAMÉ			NAME			L.J Cliali	An MONIOU	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
<u> </u>	postification the information		CITY-ST-ZIP		<u> </u>			_
indicated	ertily that the information supplied with to on this report or supplemental report is	his tiling does not qualify for the true and accurate and that my	e exemption stated signature shall have	l in Section 1 e the same le	19.07(3)(i), Florida Statutes. I furt	ther certify that the	ne information	
or the corp	norming or the receiver or trictice description	undad to accept the state of a first	required by Chant	or COZ Florid	- Ct-t-t	, was an an on	our or unector	1
į changeu,	or on an attachment with an address A	wered to execute this report as knyall other like empowered	required by Chapti	er 607, Florid	a Statutes; and that my hame ap	pears in Block 1	1 or Block 12 if	1
SIGNAT	certify that the information supplied with in on this report or supplemental report is poration or the receiver or trades on por or on an attachment with an address.	the like empowered.	≈ t⊶v	er 607, Floria	a Statutes; and that my name ap	pears in Block 1	1 of Block 12 if	