

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

0037524 AV



DO NOT WRITE IN THIS SPACE

Principal Place of Business 201 S. BISCAYNE BLVD MIAMI CENTER #3150 MIAMI FL 33131 US		Mailing Address 201 S. BISCAYNE BLVD MIAMI CENTER #3150 MIAMI FL 33131 US	
2. Principal Place of Business 7925 N.W. 21 STREET		3. Mailing Address 7925 NW 21 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL 33122		City & State MIAMI, FL 33122	
Zip 33122	Country	Zip 33122	Country
4. FEI Number 65-0398685		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LATIF, MOHAMED S 201 S. BISCAYNE BLVD #STE 3150 MIAMI FL 33131 7925 NW 21 STREET MIAMI, FL 33122		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> <i>Resident</i> 08/13/2002 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS LATIF, MOHAMED SIDIK 201 S. BISCAYNE BLVD #3150 MIAMI FL 33131 7925 NW 21 STREET MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **NOTARIZATION REQUIRED**

08/13/2002

CR2E034 (4/02)