

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000026100**

1. Entity Name

SEMINOLE FARMS OF SOUTH FLORIDA, INC.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90038 031 ***158.75

| | |
|--|---|
| Principal Place of Business 9 PALMS PLAZA HOMESTEAD FL 33030 | Mailing Address 9 PALMS PLAZA HOMESTEAD FL 33030-6021 |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business 16801 S.W. 301 ST. | 3. Mailing Address 16801 S.W. 301 ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------------------|-------------------------------------|
| City & State Homestead FL | City & State Homestead FL |
| Zip 33030 | Zip 33030 |
| Country USA | Country USA |



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number 65-0498062 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RAPISARDO, KATHY S 9 PALMS PLAZA HOMESTEAD FL 33030 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16801 S.W. 301 ST. City Homestead FL Zip Code 33030 |

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 reinstating)

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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP | P RAPISARDO, KATHY S 16801 S.W. 301 STREET HOMESTEAD FL 33030 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BRANDENBURG, MICHAEL 16801 SW 301 STREET HOMESTEAD FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRANDENBURG, MICHAEL 16801 SW 301 STREET HOMESTEAD FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor |
| 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"/> Additor |
| 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"/> Additor |
| 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"/> Additor |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres.

Kathy S. Rapisardo **2-1-00** **305-242-461**