

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044408

1. Entity Name

OX BOW FARMS, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90046 043 ***150.00

Principal Place of Business

~~14368 SMITH SUNDY RD~~
DELRAY BEACH FL 33446

Mailing Address

~~14368 SMITH SUNDY RD~~
~~DELRAY BEACH FL 33446-0625~~
3701 NW 84 TERR
Coral Springs FL 33065

2. Principal Place of Business

290 Smith Sundry Rd
Suite, Apt. #, etc.

3. Mailing Address

3701 NW 84 TERR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Beach FL

City & State

Coral Springs FL

4. FEI Number

65-0595879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRERA, JOSEPH E
~~14368 SMITH SUNDY RD~~
~~DELRAY FL 33446~~

7. Name and Address of New Registered Agent

Name
Guerrera, Joseph E
Street Address (P.O. Box Number is Not Acceptable)
3701 NW 84 TERR
City
Coral Springs FL Zip Code
33065

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

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

Secretary
(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/00

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

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | GUERRERA, JOSEPH E | |
| STREET ADDRESS | 14368 SMITH SUNDY RD | |
| CITY-ST-ZIP | DELRAY BEACH FL 33446 | |
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | GUERRERA, MAXINE | |
| STREET ADDRESS | 14368 SMITH SUNDY ROAD | |
| CITY-ST-ZIP | DELRAY BEACH FL 33446 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Guerrera, Joseph E | |
| STREET ADDRESS | 3701 NW 84 TERR | |
| CITY-ST-ZIP | Coral Springs FL 33065 | |
| TITLE | DST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Guerrera, Maxine | |
| STREET ADDRESS | 3701 NW 84 TERR | |
| CITY-ST-ZIP | Coral Springs FL 33065 | |
| 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:

Maxine Guerrero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)