

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91247 029 ***158.75

DOCUMENT # P94000070578

1. Entity Name
THE FARM, INC.

Principal Place of Business
 11999 S.W. 248 STREET
 MIAMI FL 33032

Mailing Address
 11999 S.W. 248 STREET
 MIAMI FL 33032

551871



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0316826**

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

STARKMAN, MARK R
~~2685 LEJEUNE ROAD~~ **1500 San Remo Ave.**
~~PENTHOUSE 1-D~~ **Suite 125**
~~CORAL GABLES FL 33134~~ **CORAL GABLES, FL 33146**

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 Mark Starkman

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, 2001 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 Delete
 NAME **PTD**
 STREET ADDRESS **COURET, JUAN**
 CITY-ST-ZIP **11999 S.W. 248 STREET**
MIAMI FL 33032

TITLE Change Addition
 NAME **Pres. Manuel Dorta-Duque**
 STREET ADDRESS **11999 S.W. 248 ST.**
 CITY-ST-ZIP **MIAMI, FL. 33032**

TITLE Delete
 NAME **VPD**
 STREET ADDRESS **CASALLAS, ABRAHAM**
 CITY-ST-ZIP **11999 SW 248 ST**
MIAMI FL 33032

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **ALVAREZ, ARQUIMIDES**
 CITY-ST-ZIP **11999 S.W. 248 STREET**
MIAMI FL 33032

TITLE Change Addition
 NAME **TREASURER**
 STREET ADDRESS **ALVAREZ, ARQUIMIDES**
 CITY-ST-ZIP **11999 S.W. 248 ST.**
MIAMI, FL. 33032

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: Manuel Dorta-Duque
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/01 (305) 25
 Date Daytime Phone #

CR2E034 (10/00)