

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90036 023 ***150.00

DOCUMENT # P94000077306

1. Entity Name

GOLDEN TREE FARMS ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

25400 SW 139 AVE

Suite, Apt. #, etc.

UNIT #3

3. Mailing Address

PO BOX 343489

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOMESTEAD FLORIDA

City & State

FLORIDA CITY FLORIDA

4. FEI Number

65-0527500

Applied For

Not Applicable

Zip

33032

Country

Zip

33034

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILFRID M WHITNEY

Street Address (P.O. Box Number is Not Acceptable)

201 W FLAGLER STREET

City

MIAMI

FL

Zip Code

33130

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its tripartite
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERRONES, DAVID
2820 SE 5 PLACE
HOMESTEAD FLORIDA 33033

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CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

D. BERRONES

DAVID BERRONES- PRES

2-1-02

305-245-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)